



## **Healthy Iowans: Iowa's Health Improvement Plan 2012-2016 Are We Making Progress?**

Bureau of Planning Services  
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## Executive Summary

This report, *Healthy Iowans: Iowa's Health Improvement Plan 2012-2016: Are We Making Progress?*, documents the progress being made in solving the health issues identified in [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#) (*Healthy Iowans*). *Healthy Iowans* set the agenda for solving priority health issues facing Iowans so they can live longer, healthier, more productive lives and enjoy our rich quality of life. The plan was an outcome of a statewide needs assessment involving Iowa's 99 counties as well as public and private partners that have identified Iowa's health issues and are committed to taking action. This collective effort, coordinated by the Iowa Department of Public Health, was designed not only to improve the health of Iowans but also to close the gaps in health equity for Iowa's at-risk groups.

To answer the question, "Are we making progress?" the plan's 61 objectives were evaluated on whether or not they achieved the target or goal, were moving toward the target, had not moved at all, or were moving away from the target. The resulting scorecard shows that 66% had been achieved or were moving toward the target; 34% were moving away from the target or had not moved at all. Measures of progress details include each objective with the target, baseline, most recent data, and data sources along with a chart depicting trends, the target, and, if available, an Iowa comparison with the best state, the worst state, and the national status.

When objectives were taken together, an analysis also showed the degrees of progress in child health, adolescent health, chronic disease, quality health services and support, environmental health, emergency preparedness and response, and obesity. Following are highlights of the analysis:

For the most part, prevention efforts have kept Iowa children healthy. Progress is being made in reducing the African-American infant mortality rate, but more needs to be done. In addition, substantial progress is being made in improving the health behaviors of Iowa's young people. Notable improvements have occurred in lowering rates of coronary heart disease, stroke, cancer, and late HIV diagnosis, and in early identification of dementia. The most impactful change in expanding quality health services and support is the increased numbers of Iowans with health insurance. In environmental health, strides have been made in reducing lead poisoning among children and in increasing the number of private drinking water wells tested for arsenic. To prepare Iowans for responding to emergencies, more attention is being directed at increasing access to general shelters for persons with disabilities, and there has been a sizable increase in the number of public health emergency volunteers. Major steps for improving health are offset, to some extent, by lack of progress in addressing other segments of critical health issues. A prime example is obesity, which gradually continues moving upward.

Data will be available for a final report in 2017-2018. As Iowa's stakeholders begin to frame the health agenda for the next five years (2017-2021), this interim progress assessment can be considered a guide to identify what has been accomplished and what still needs to be done.

## Introduction

*Healthy Iowans 2012-2016: Iowa's Health Improvement Plan* is a plan of action that resulted from an assessment of Iowa's health needs. About 70 partner organizations/advisory committees from the public and private sector along with 120 staff members from these groups worked on the improvement plan over five years. Contributors agreed to take action, submitted yearly progress reports, and made revisions in the plan to maintain its currency. The Healthy Iowans website linked to the progress reports and a revised plan along with updated resources. A Healthy Iowans listserv also became a key information conduit.

The improvement plan focused on 39 critical health needs, identified through a number of avenues. At the local level, counties assessed their needs and identified priorities for action. These priorities in the Community Health Needs Assessment and Health Improvement Planning (CHNA & HIP) process became the basic building blocks for identifying Iowa's critical health needs. Organizations representing more than 500 members of advisory committees and task forces, non-profit associations, universities, and professional associations also played a key role when they submitted critical health needs recommendations. An analysis of state data and national resources as well as equity issues helped determine where Iowa needed to place its improvement efforts (see [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#), Appendix A, p. 48 for a list of the critical health needs and Appendix B, pp. 49-52 for a more complete discussion of the methodology used to identify the 39 critical health needs).

The 39 identified critical health needs were grouped into nine topic areas that were not mutually exclusive. In turn, each topic area was comprised of these two sections:

1. A measure of progress section with objectives to be achieved by a designated year. To track progress, the measures had a baseline and date, a data source, and a target.
2. A section on what is being done to achieve the objectives along with the responsible organization committed to taking the action.

Beginning in 2013, partners submitted annual progress reports for the action they committed to taking to achieve the objectives and move the bar on the measures of progress. The results of these progress reports can be found on [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#) under the *Annual Progress Report* heading. In addition, these reports included annual updates to the measures of progress that provided a snapshot of the annual impact of all of the various actions on health results for Iowans.

## What is in this Report

This report provides an in-depth review of the 61 measures of progress included in the 2015 revision of [Healthy Iowans: Iowa's Health Improvement Plan 2012-2016](#). This review includes



1. A scorecard of overall progress related to the targets for the 61 measures;
2. Summaries of progress by topic, such as healthy children, chronic disease, and injury and violence;
3. Measure by measure details including baseline, target, data source, and a trend chart (including national and other state comparisons where available).

Because most data sources have a lag of one year or more, the results of Healthy Iowans 2012-2016 won't completely be known until 2017 or 2018. This report will be updated at that time to reflect a final evaluation of progress made through 2016. This report, however, is very important as we plan for the next iteration of Healthy Iowans: 2017-2021. It shows us where the action taken has resulted in progress and what areas may need additional attention in the new plan.

## Results

Objectives in the measures of progress section of the plan were used as a yardstick for determining where improvements were made, the overall results of the plan, and what action will be needed in the next five-year improvement plan. Sixty-six percent of the 61 objectives were either achieved (23) or moved toward the target<sup>1</sup> (17). The rest of the objectives did not move at all<sup>2</sup> (13) or moved away from the target<sup>3</sup> (8) (See Table 1).

**Table1. Number of Health Improvement Objectives by Achievement of Their Target**

			
Target Achieved	Moving Toward the Target	Not Moving at All	Moving Away from the Target
23 (38%)	17 (28%)	13 (21%)	8 (13%)

### Keeping Iowa's Young Children Healthy

Prevention efforts have kept Iowa children healthy as evidenced by the following results: slightly more than 80% of infants were being breastfed at birth, a key factor in children's future growth (Progress Measure 6-4); 50% of low-income children, adolescents, and young adults aged 1 to 20 on Medicaid received preventive dental service in 2015 (6-6). Because 43,133 pre-kindergarten children received vision screening, preventing vision impairment was addressed early (6-7). The proportion of births that were intended increased so that children could have a healthy start (6-8). In addition, a higher proportion of children who were at risk for developmental, behavioral, and social delay were screened (8-2). The reduced number of children exposed to lead was confirmed by data showing a decrease in the number of children who had at least one confirmed elevated blood-lead test before age 6 (5-2). Another major achievement was the reduction in the African-American infant mortality rate from 12 per 1,000 live births in 2010 to 8.8 per 1,000 live births in 2014 (6-2). However, in light of the white infant mortality rate of 4.6 per 1,000 live births, there is substantial room for improvement. Another important milestone still to be reached is a 90% infant immunization rate. Although the percentage of children, ages 19-35 months, receiving all universally recommended vaccines increased from 2009 to 2013, in 2014, the percentage declined (2-2).

### Maintaining Adolescents' Health

There were some major improvements in the health behaviors of Iowa's young people. Based on the *Iowa Youth Survey*, alcohol use in grades 6, 8, and 11 was reduced (Progress Measure 3-1). The data showed that, among 11<sup>th</sup> grade students, prescription drug abuse (3-4), current marijuana use (3-5), and cigarette smoking declined (3-6). At the same time, among this age group, there was no reduction in over-the-counter drug abuse (3-3); and a higher percentage of them seriously considered attempting suicide (16%) in 2014 than they did in 2010 (14%) (8-1). Other significant areas of improvement for adolescent health included adolescent immunization in tetanus/diphtheria/pertussis-containing vaccine or Tdap (61% coverage in 2009 and 77% in 2014), and coverage with meningococcal conjugate vaccine or MCV (46% coverage in 2009 and 64% in 2014) (2-2). Improvement also has occurred in both females and males covered by human papillomavirus vaccine or HPV. In 2009, 33% of girls were covered compared with 38% in 2014; for boys, 14% were covered in 2013, while in 2014, 19% were covered (2-2). Because education has such a profound impact on health and therefore is a major social

<sup>1</sup> An indicator was considered as moving toward a target if it changed in the direction of the target, when compared to the baseline, by more than 5%.

<sup>2</sup> An indicator was considered not moving if it did not change by more than 5% when compared to the baseline.

<sup>3</sup> An indicator was considered as moving away from a target if it changed in the opposite direction of the target, when compared to the baseline, by more than 5%.



determinant, it is highly significant that almost 91% of public high schools students graduated in four years or less (6-1).

## Lowering the Rate of Chronic Disease

Positive changes occurring in lower rates of coronary heart disease, stroke, cancer, and late HIV diagnosis indicated that prevention efforts might be having some effect (Progress Measures 4-2, 4-3, 4-5, 4-8, 4-9). There has been a decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis (4-5). Mammograms for women ages 50 and older have increased slightly from 2010 (77%) to 2014 (78%) (4-4). Colorectal cancer screening rates for women and men ages 50 and older reached just beyond the 2015 target (4-4). A higher proportion of persons with high blood pressure reported taking their medicine (4-7). This may be contributing to a reduction in coronary heart disease deaths as well as a decrease in deaths attributed to stroke. And, although diseases of dementia cannot be cured, slowing their progression with an early diagnosis now is possible. More Medicare beneficiaries used their annual wellness visit, which includes an assessment of cognitive function (4-10).

## Expanding Access to Quality Health Services and Support

An area where there was evidence of some progress included access to health services and support, notably an increased number of Iowans with health insurance. In 2014, 94% had health insurance, increasing from 88% in 2009-2010 (1-1). Iowa Medicaid Non-Emergency Transportation statistics showed maintenance of transportation services despite the increase in Medicaid members (1-6). Compared with 70 counties in 2013, 81 counties completed an assessment of Emergency Medical Services System Standards to improve the quality of the service system (1-5). Unfortunately, the number of direct care professionals could not be reported with any degree of timeliness or accuracy. In addition, there was a decrease from the baseline in the proportion of Iowans who had one person as a health provider (1-3); and recent data was not available on the proportion of children whose parents report adequate health insurance.

## Environmental Health

Lead poisoning has major effects on the health of children; it is especially harmful to the developing brains and nervous systems of children under the age of six years. For this reason, an important milestone is the significant decrease in the number of children who have had at least one confirmed elevated blood-lead test before they are six years old (5-2). Another achievement is the substantial number of private drinking water wells tested for arsenic (5-3). People who drink water that contains arsenic in excess of the Environmental Protection Agency's standard over many years can experience adverse health effects. However, once detected, arsenic can be removed from drinking water from private wells.

## Preparing and Responding to Emergencies

By 2015, the two measures of progress in the topic area of preparedness and response were achieved. The number of public health emergency volunteers ready to respond to emergencies increased from the baseline of 1,210 to 1,840 volunteers in 2015 (9-1). This figure is substantially higher than the target of 1,515 volunteers. Another effort to provide at least one general shelter that is fully accessible to persons with disabilities indicates improved preparation for sheltering persons with disabilities. In 2011, not one county had provisions for fully accessible shelters. In 2014, 58 counties had provided at least one fully accessible shelter for this group of Iowans (9-2).

## A Growing Problem of Obesity

A reduction in adult obesity was not achieved, but instead, the rate has inched upward from the baseline of 29% in 2011 to 32% in 2015 (6-9). Related measures of progress are the following:

- An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day: No Change from the Baseline
- An increase in the proportion of adults who get the recommended levels of aerobic physical activity: Moved Toward the Target
- A decrease in the proportion of participants in the WIC program who have low or very low food security: Moved Away from the Target
- An increase in the proportion of Iowa infants who are breastfed at birth: Reached the Target

## Preventing Injury and Violence

Progress was not made in reducing injury and violence. Hospitalization rates increased related to falls for those who are ages 65 and over (7-1); a reduction in deaths from work-related injuries hardly wavered from the baseline of 6 per 100,000 workers (7-2); and the rate of all intentional and unintentional fatal injuries increased (7-4). The high rate of seat belt use to reduce injuries and deaths from motor vehicle crashes in 2011 remained the same (7-3).

## Progress Measures by Status

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### Reaching the Targets

Targets were achieved for the following measures:

- **1-6** A continuation of the same level of non-medical transportation services to medical appointments for the anticipated increase in Medicaid members.
- **3-1** A reduction in current youth alcohol use (grades 6, 8, and 11).
- **3-4** A reduction in prescription drug abuse among 11th grade students.
- **3-2** A reduction in adult binge drinking.
- **3-5** A reduction in current marijuana use among 11th grade students.
- **3-6** A reduction in current cigarette smoking among 11th grade students.
- **4-3** A decrease in the age-adjusted incidence of all cancers.
- **4-4** An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Colorectal cancer screenings for men and women aged 50 and older.
- **4-7** An increase in the proportion of persons with high blood pressure who are taking their medication.
- **4-8** A decrease in coronary heart disease deaths.
- **4-9** A decrease in deaths attributed to stroke.
- **4-10** An increase in the number of Medicare beneficiaries who use their annual wellness visit, which includes an assessment of cognitive function.
- **4-11** A reduction in the rate of emergency department visits for children with asthma, ages 0 to 14.
- **5-1** An increase in the number of lives saved from fires by smoke detectors.

- **5-2** A decrease in the number of children who have had at least one confirmed elevated blood-lead test before age 6.
- **5-3** An increase in the number of private drinking water wells tested for arsenic.
- **6-1** An increase in the proportion of public high school students who graduate in 4 years or less.
- **6-2** A reduction in the African-American infant mortality rate.
- **6-4** An increase in the proportion of Iowa infants who are breastfed at birth.
- **6-6** An increase in the proportion of low-income children, adolescents, and young adults aged 1 to 20 on Medicaid who receive any preventive dental service.
- **8-2** An increase in the proportion of children screened for being at risk for developmental, behavioral, and social delays using a parent-reported standardized screening tool.
- **9-1** An increase in the number of public health emergency volunteers.
- **9-2** An increase in the number of counties with at least one general shelter that is fully accessible to persons with disabilities.



## Moving Toward the Targets

Measures of progress that showed improvement of at least 5%, but did not achieve the targets:

- **1-1** An increase in the proportion of people with health insurance.
- **1-2** An increase in the number of direct care professionals in the state.
- **1-5** An increase in the number of counties that assess implementation of the Emergency Medical System (EMS).
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Children 19-35 months of age.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adolescents: Tdap.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adolescents: MCV.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adolescents: Female HPV.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adolescents: Male HPV.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: All adults: influenza.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: All adults: pneumonia.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adults ages 65+: pneumonia.
- **3-7** A reduction in current smoking among adults.
- **4-1** A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.
- **4-2** A decrease in the age-adjusted rate of all cancer deaths
- **4-5** A decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis.
- **6-7** An increase in the number of pre-kindergarten children who receive a comprehensive eye vision screening.
- **6-10** A reduction in overweight/obesity in children ages 2 to 5 who are enrolled in the WIC program.

## Not Moving

Measures of progress that did not change by at least 5%:

- **1-3** An increase in the proportion of people who have one person as a health provider.
- **1-4** An increase in the proportion of children whose parents report adequate health insurance.
- **2-1** An increase in the annual influenza coverage levels for all Iowa hospital employees.
- **2-2** An increase in the immunization coverage for all universally recommended vaccines for the following populations: Adults ages 65+ influenza.
- **3-3** A reduction in over-the-counter drug abuse among 11<sup>th</sup> grade students.
- **3-8** An increase in the proportion of homes that have rules against smoking.
- **4-4** An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Women aged 50 and older having a mammogram in the past two years.
- **4-4** An increase in cancer screenings for breast, colorectal, and cervical cancer for the following populations: Women aged 21 and older having a Pap test within the past three years.
- **6-3** An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day.
- **6-5** An increase in the proportion of adults who get the recommended levels of aerobic physical activity.
- **6-8** An increase in the proportion of intended births
- **7-2** A reduction in deaths from work-related injuries.
- **7-3** An increase in seatbelt use to reduce injuries and deaths from motor vehicle crashes.



## Moving Away from the Target

Measures of progress that moved away from the target by at least 5%:

- **4-6** An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.
- **6-9** A reduction in the proportion of adults who are obese.
- **6-11** A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.
- **6-12** A reduction in the rate of reported cases of chlamydial infection.
- **7-1** A decrease in the hospitalization rate related to falls for those who are ages 65 and over.
- **7-4** A 5% reduction in the rate of all intentional and unintentional fatal injuries.
- **7-5** A 5% reduction in the percent of Iowa high school student youth who report forced sexual experience.
- **8-1** A reduction in the percent of 11<sup>th</sup> graders who seriously consider attempting suicide.

## Measures of Progress Details

### Access to Quality Health Services and Support

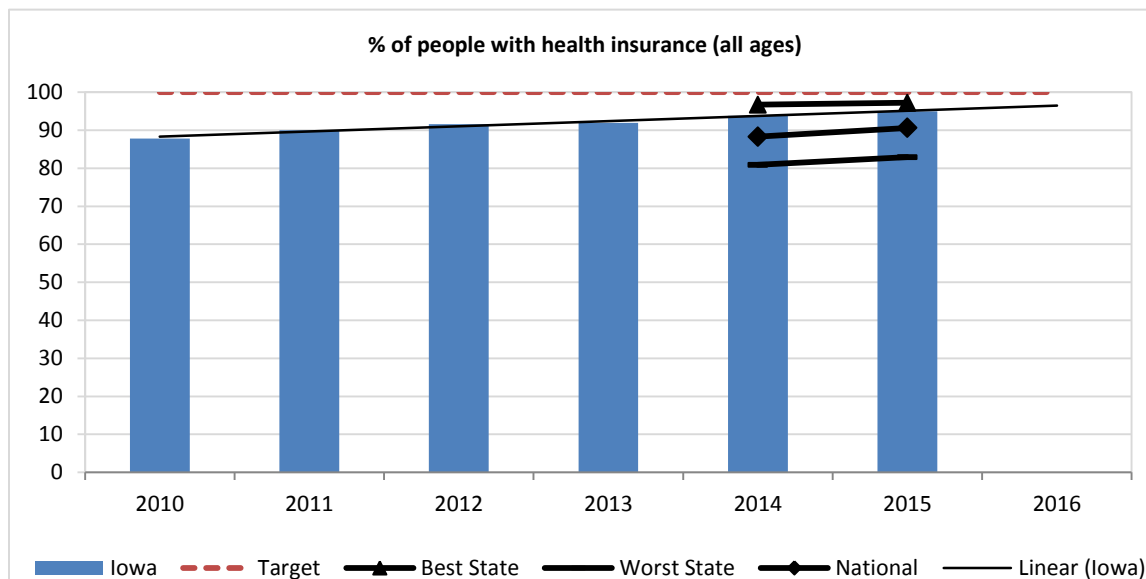
#### 1-1 An increase in the proportion of people with health insurance.

Target: 100%. +

Baseline: 88% (2009-2010).

Most recent data: 95% (2015).

Data Source: [U.S. Census Bureau. American Community Survey Tables for Health Insurance Coverage: Health Insurance Coverage Status and Type of Coverage by State and Age for All People, Table HI05.](#)



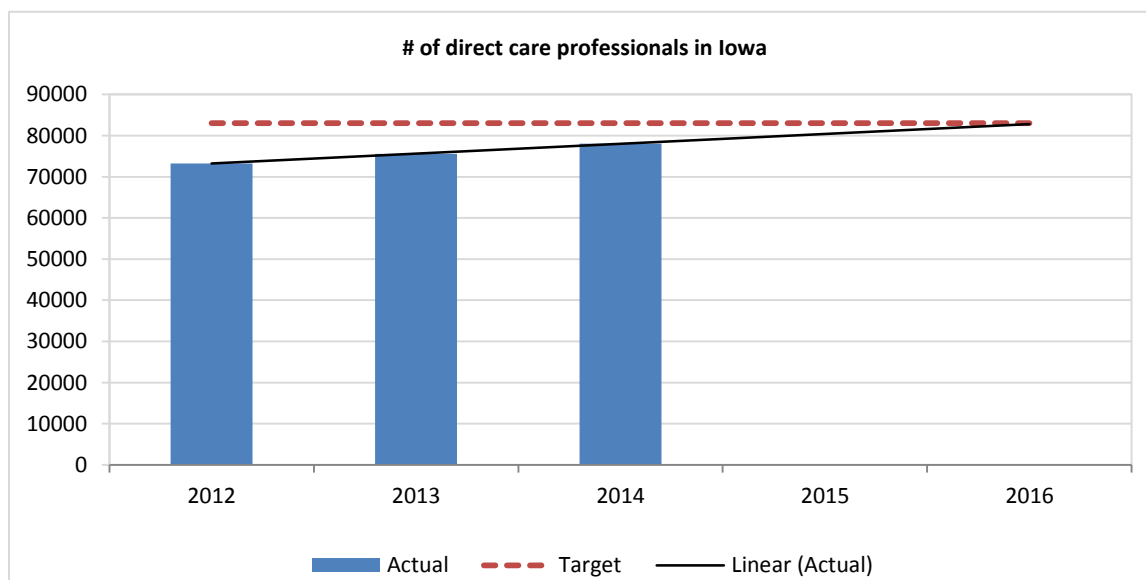
#### 1-2 An increase in the number of direct care professionals in the state.


Target: 83,000. +

Baseline: 73,214 (2012).

Most recent data: 78,009 (2014 estimate).

Data Source: [Direct Care Workforce Initiative: Composition of the direct care workforce, 2014.](#)



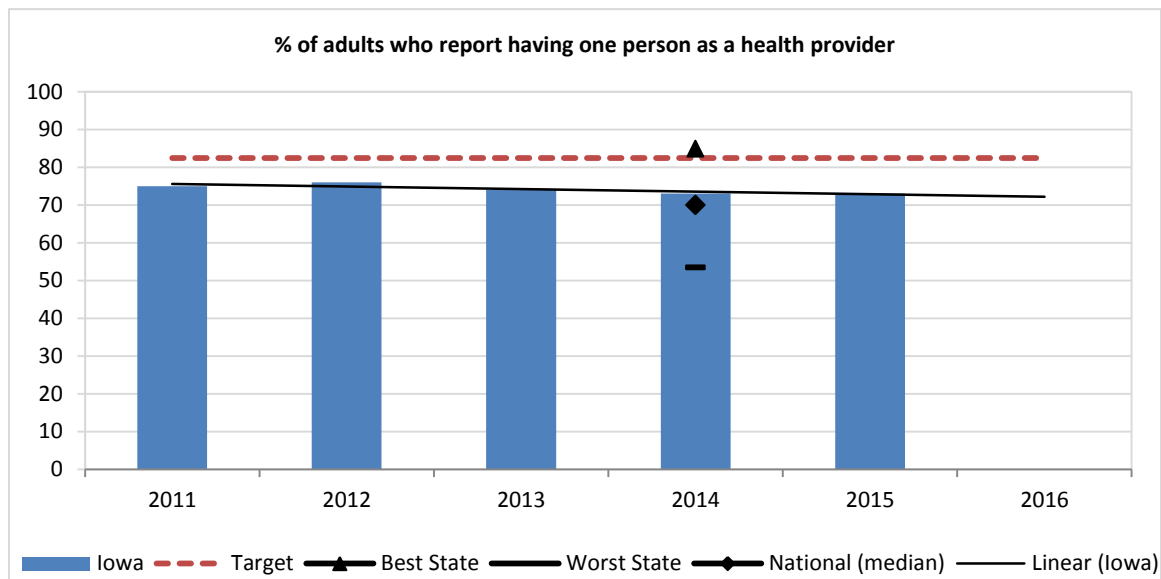

**1-3 An increase in the proportion of people who have one person as a health provider.**Target: 82.5%. 

Baseline: 75% (2011).

Most recent data: 73% (2015)

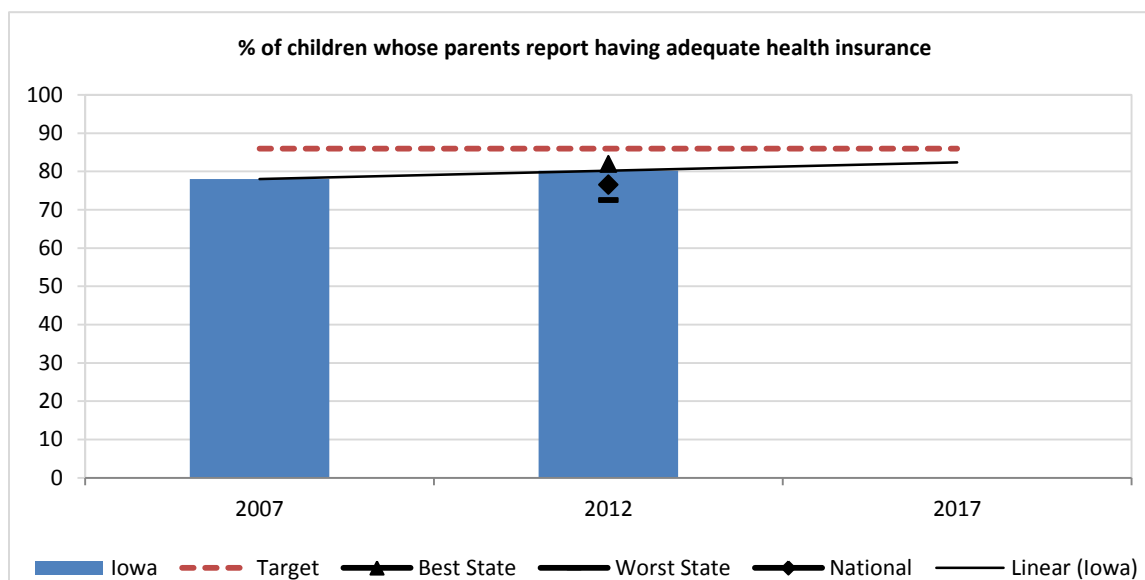
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)

(2015 data not yet published)


**1-4 An increase in the proportion of children whose parents report adequate health insurance.**Target: 86%. 

Baseline: 78% (2007).

Most Recent Data: 80% (2011-2012).

Data Source: [Indicator 3.4, National Survey of Children's Health](#). (The survey will be conducted again by the Census Bureau in 2016-17, with initial data expected in 2017.)

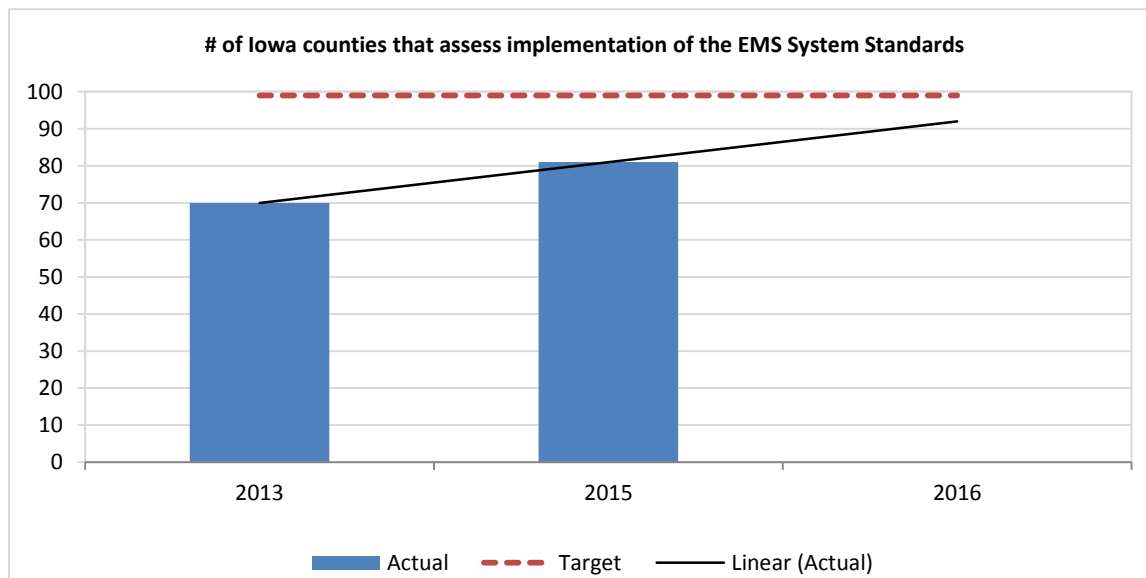
### 1-5 An increase in the number of counties that assess implementation of the Emergency Medical (EMS) System Standards.

Target: 99 counties. 


Baseline: 70 counties (2013).

Most Recent Data: 81 counties (2015).

Data Source: Unpublished data from the IDPH Bureau of Emergency and Trauma Services.



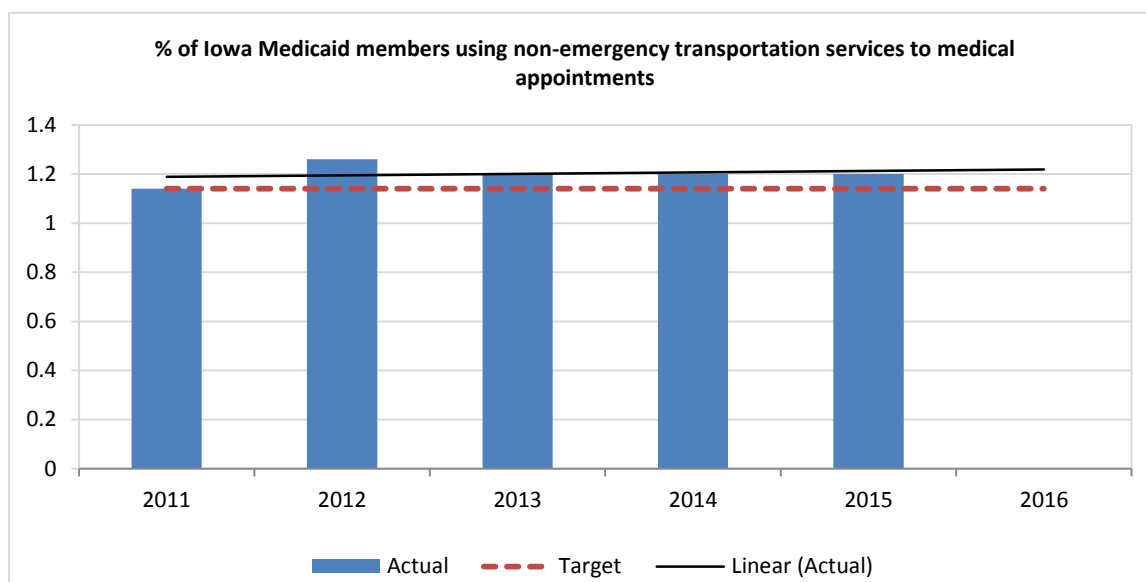
### 1-6 A continuation of the same level of non-medical transportation services to medical appointments for the anticipated increase in Medicaid members.

Target: 1.14%. 

Baseline: 1.14% (2011).


Most Recent Data: 1.2% (2015)

Data Source: [Iowa Medicaid, Non-Emergency Medical Transportation \(NEMT\) Statistics](#), January 1-December 31, 2015.



## Acute Disease

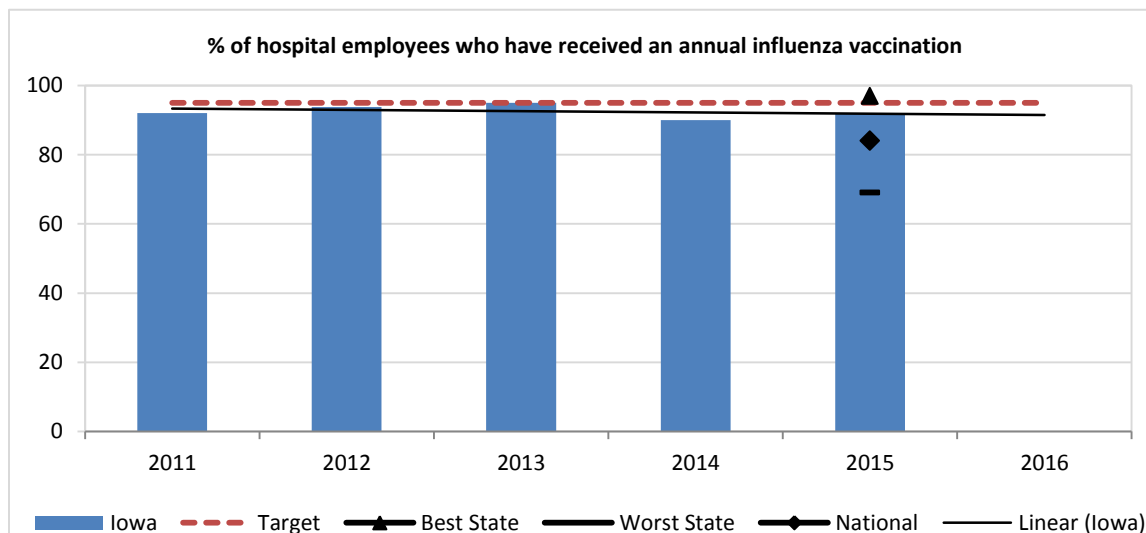
### 2-1 An increase in the annual influenza coverage levels for all Iowa hospital employees.

Target: 95%. 

Baseline: 92% (2010-2011).


Most Recent Data: 92% (2014-2015).

Data Source: [Centers for Medicare & Medicaid Services Hospital Compare database](#), Timely and Effective Care – State flat file: Preventive Care measure: Healthcare workers given influenza vaccination.



### 2-2 An increase in the immunization coverage for all universally recommended vaccines for the following populations:

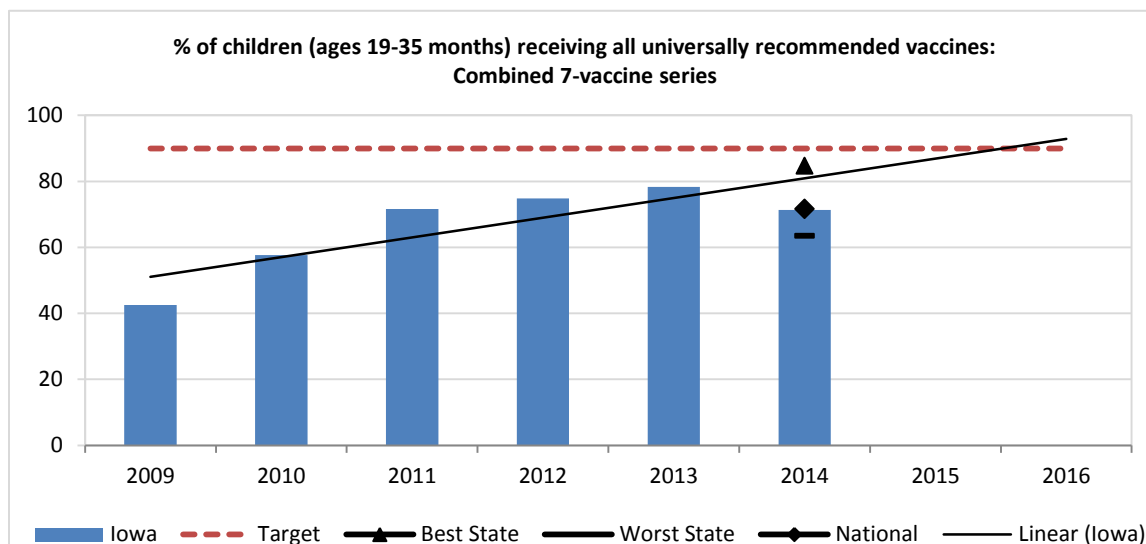
#### Children 19-35 months of age

Target: 90%. 

Baseline: 42.5% coverage combined 7-vaccine series (2009).<sup>4</sup>


Most Recent Data: 71.3% (2014).

Data Source: [CDC National Immunization Survey](#).



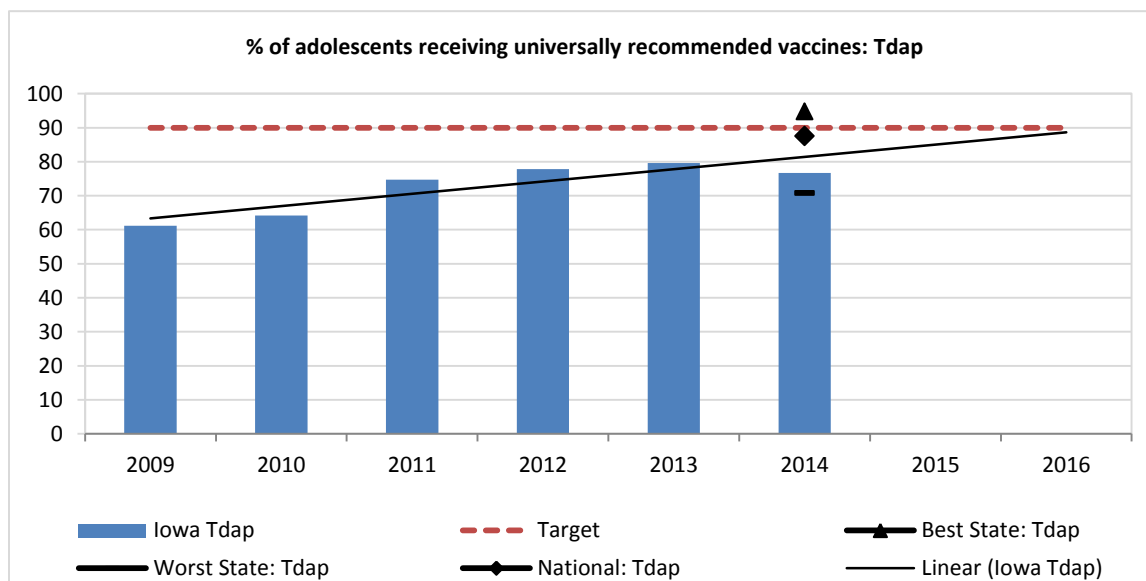

<sup>4</sup> The combined 7-vaccine series (4:3:1:3\*:3:1:4) includes ≥4 doses of DTaP, ≥3 doses of Polio, ≥1 dose of measles-containing vaccine, Hib full series, ≥3 HepB, ≥1 Varicella, and ≥4 PCV.



**Adolescents: Tdap (tetanus/diphtheria/pertussis-containing vaccine)**Target: 90%. 

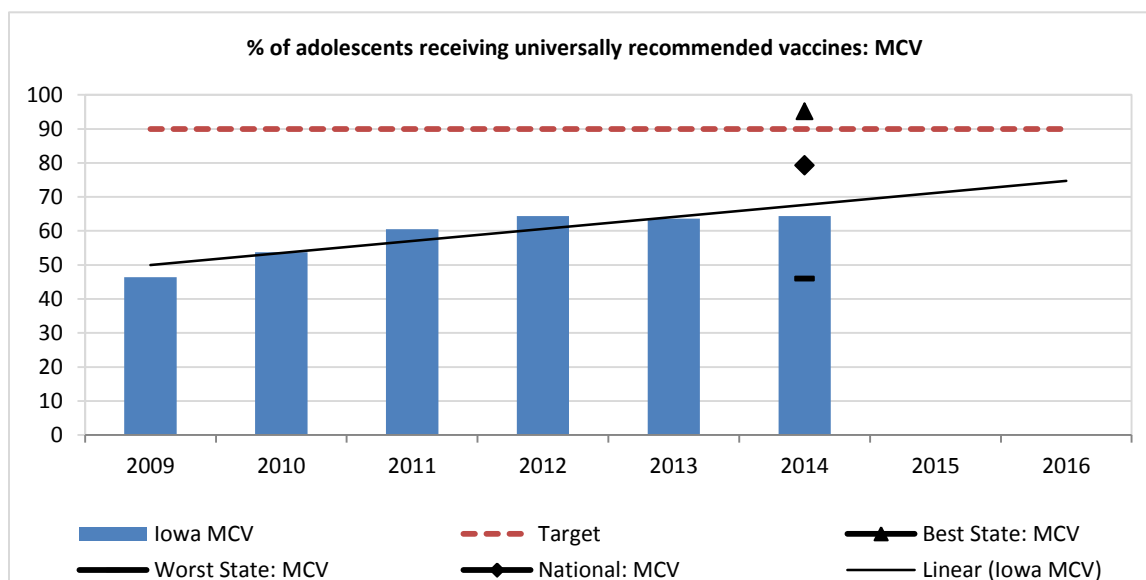
Baseline: 61% (2009).


Most Recent Data: 77% (2014).

Data Source: [CDC National Immunization Survey](http://www.cdc.gov/nis).**Adolescents: MCV (meningococcal conjugate vaccine)**Target: 90%. 

Baseline: 46% (2009).

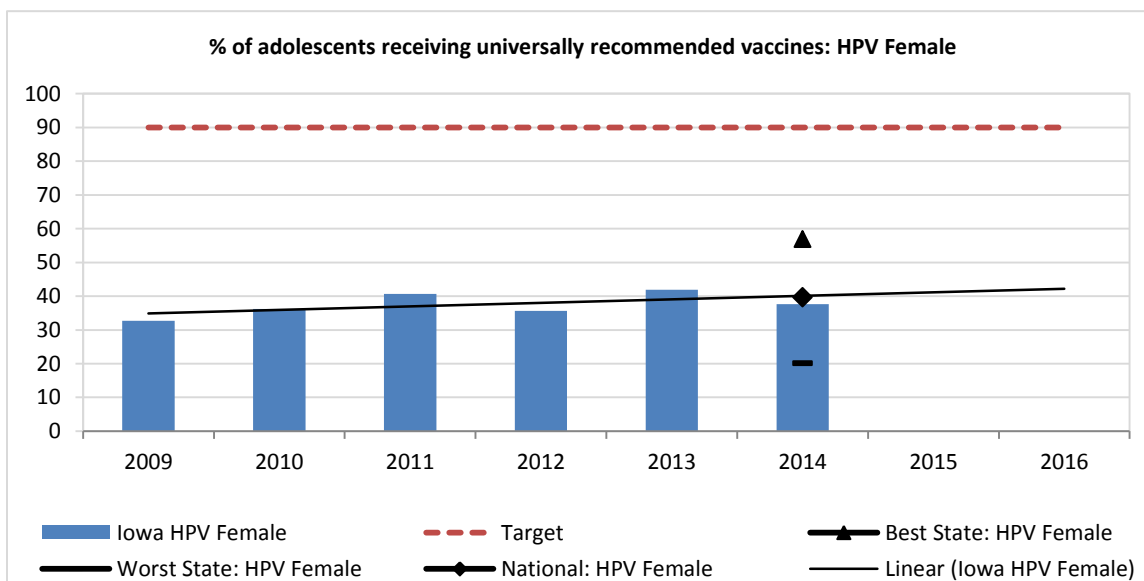

Most Recent Data: 64% (2014).

Data Source: [CDC National Immunization Survey](http://www.cdc.gov/nis).

**Adolescents: female HPV (human papillomavirus vaccine)**Target: 90%. 

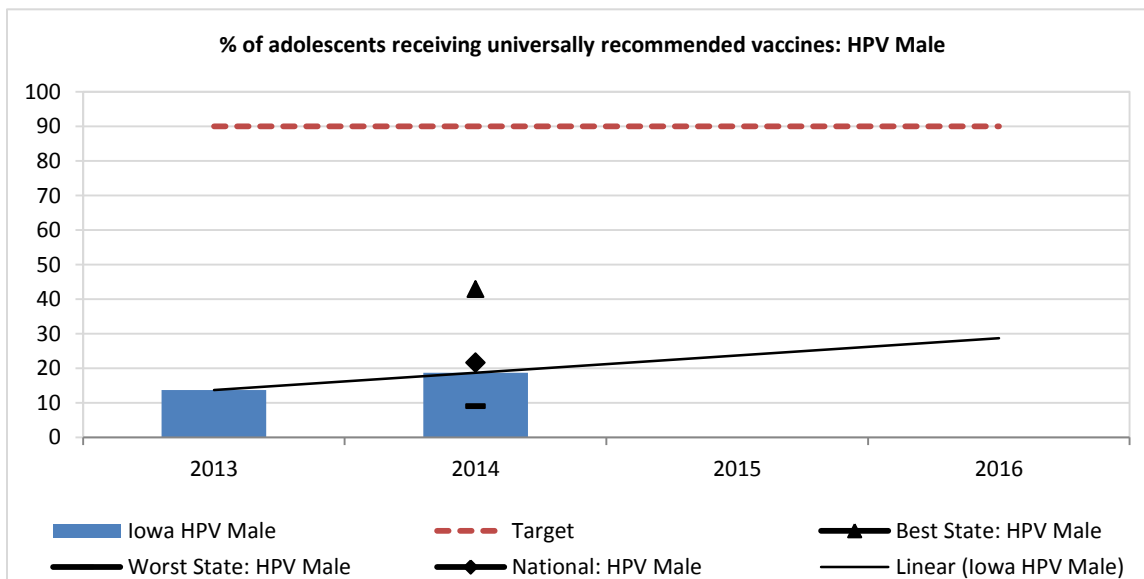
Baseline: 33% (2009).


Most Recent Data: 38% (2014).

Data Source: [CDC National Immunization Survey](#).**Adolescents: male HPV (human papillomavirus vaccine)**Target: 90%. 

Baseline: 14% (2013).

Most Recent Data: 19% (2014).

Data Source: [CDC National Immunization Survey](#).

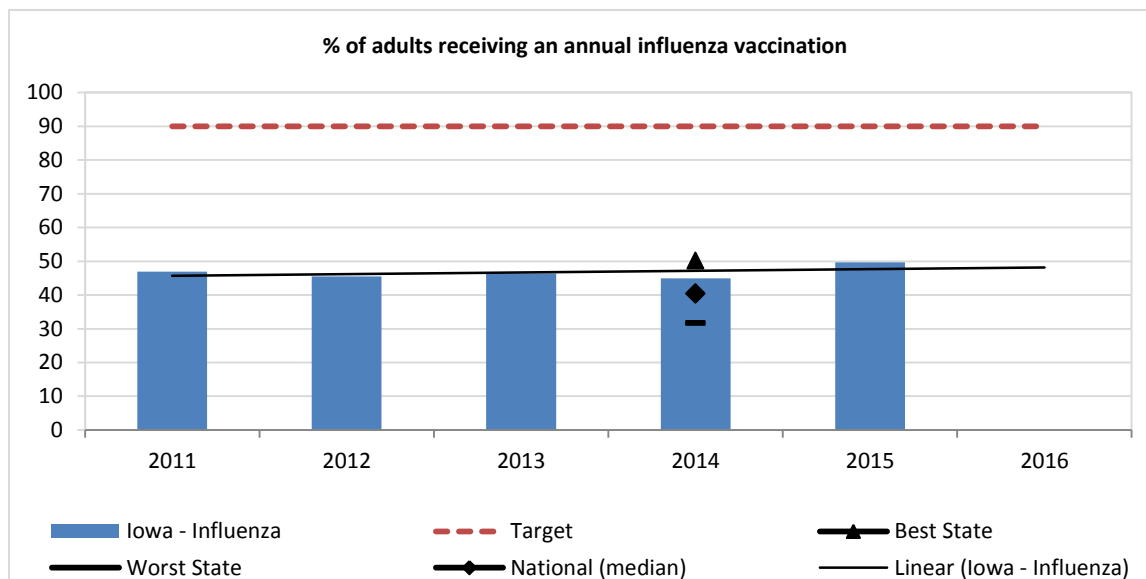

**All adults: influenza immunization in the last 12 months**Target: 90%. 

Baseline: 47% (2011).

Most Recent Data: 50% received an influenza immunization in the last 12 months (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)

(2015 data not yet published)

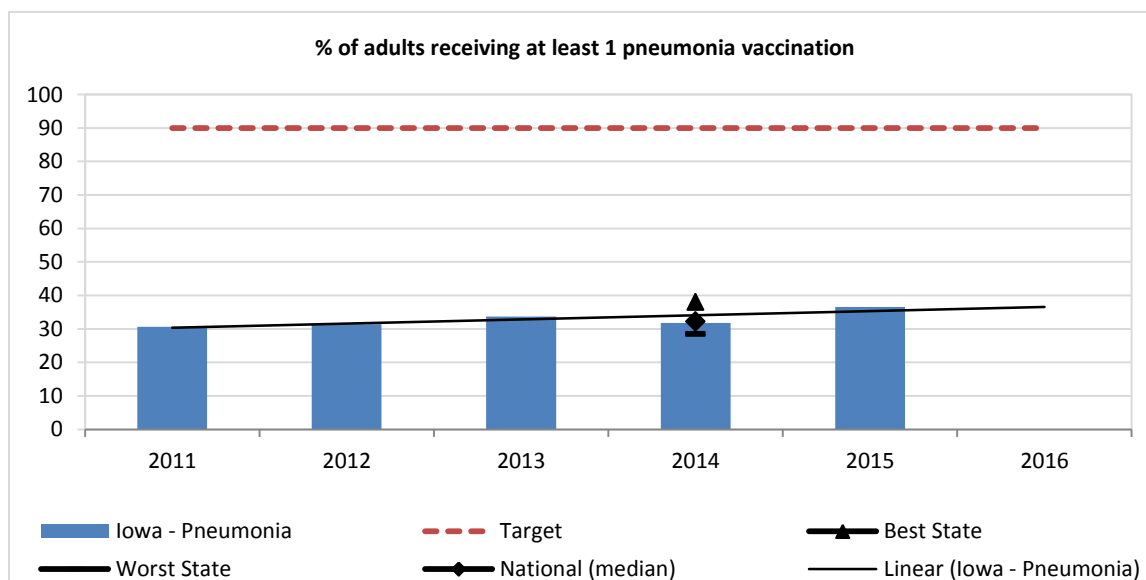
**All adults: ever received a pneumonia vaccination**Target: 90%. 


Baseline: 31% (2011).

Most Recent Data: 37% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)

(2015 data not yet published)



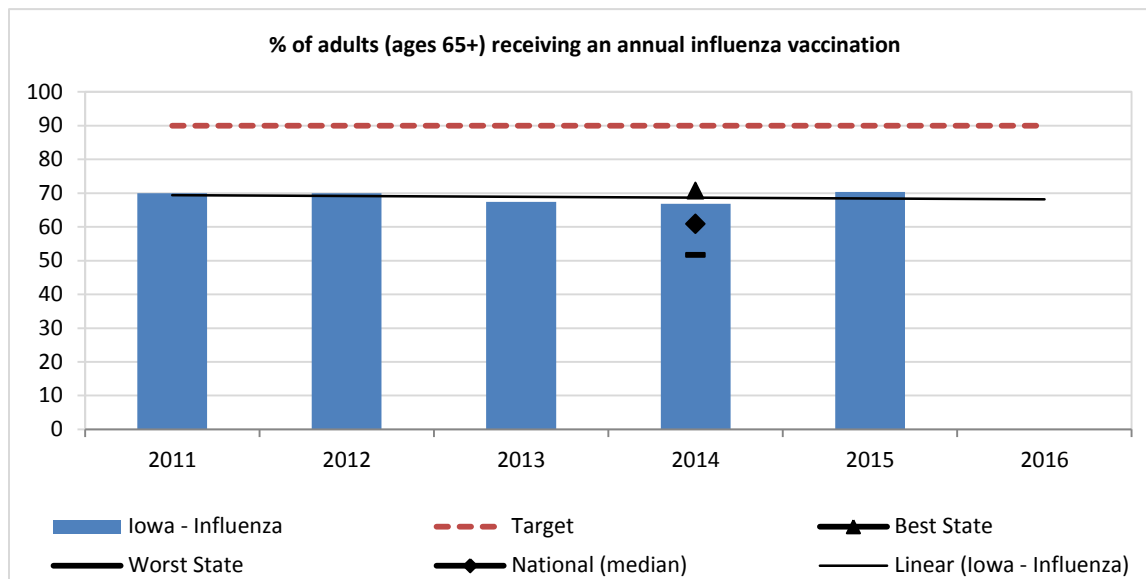

**Adults age 65 and over: influenza immunization in the last 12 months**Target: 90%. 

Baseline: 70% (2011).

Most Recent Data: 70% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)

(2015 data not yet published)

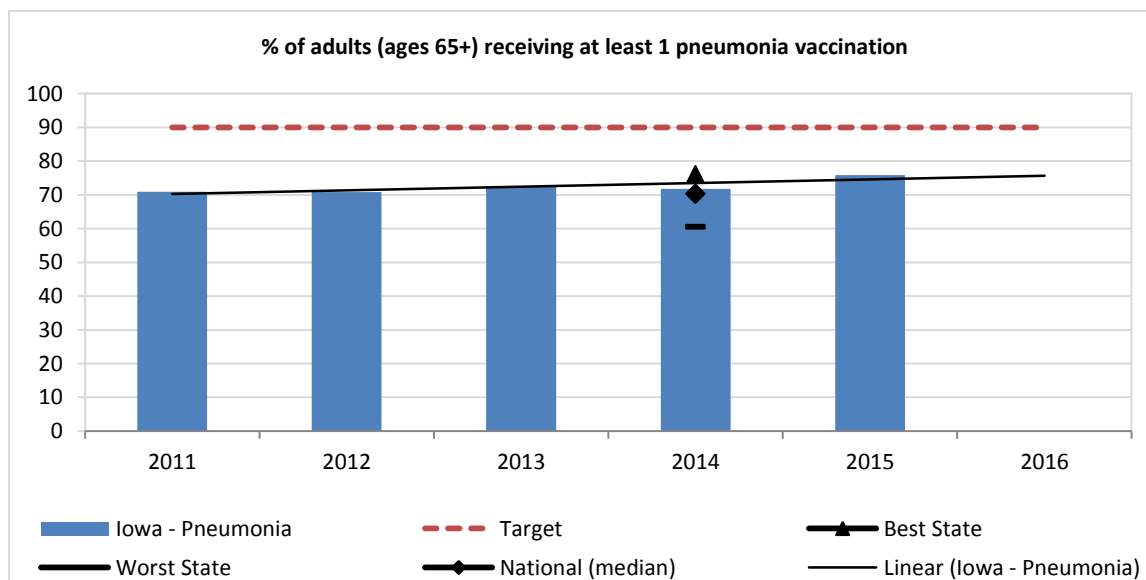
**Adults age 65 and over: ever received a pneumonia vaccination**Target: 90%. 

Baseline: 71% (2011).

Most Recent Data: 76% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)

(2015 data not yet published)



## Addictive Behaviors

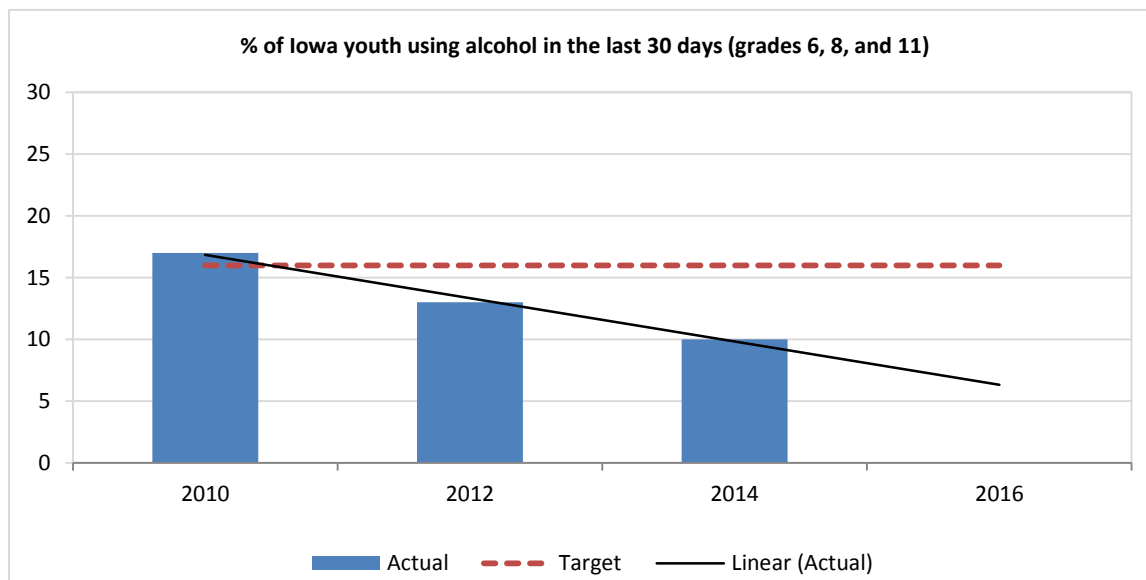
### 3-1 A reduction in current youth alcohol use (grades 6, 8, and 11)

Target: 16%. ✓

Baseline: 17% (2010).

Most Recent Data: 10% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 100.



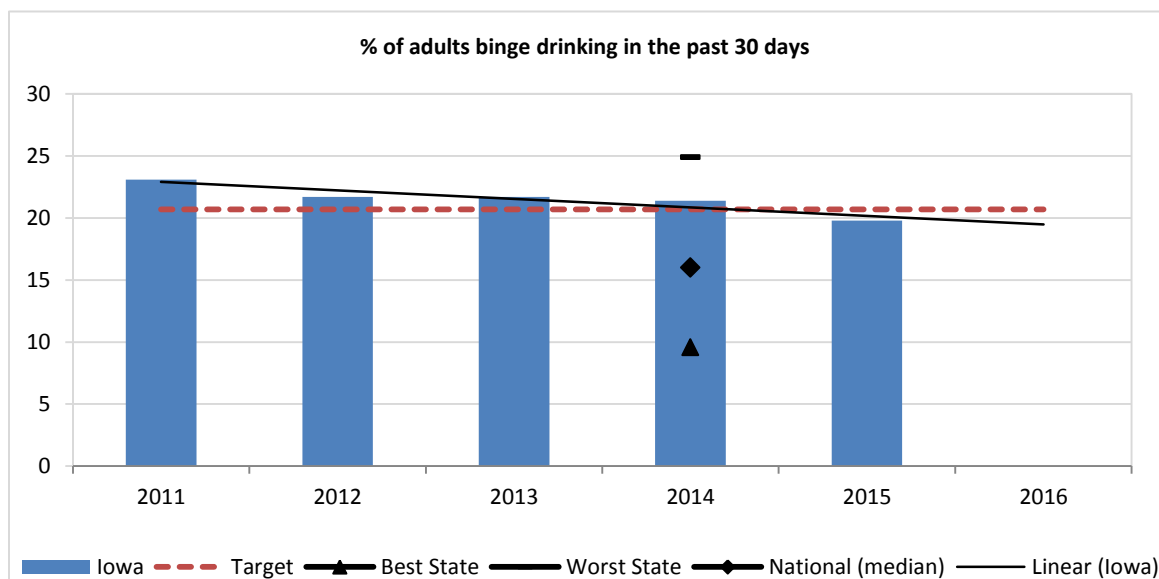
### 3-2 A reduction in adult binge drinking.


Target: 21%. ✓

Baseline: 23% (2011).

Most Recent Data: 20% (2015)

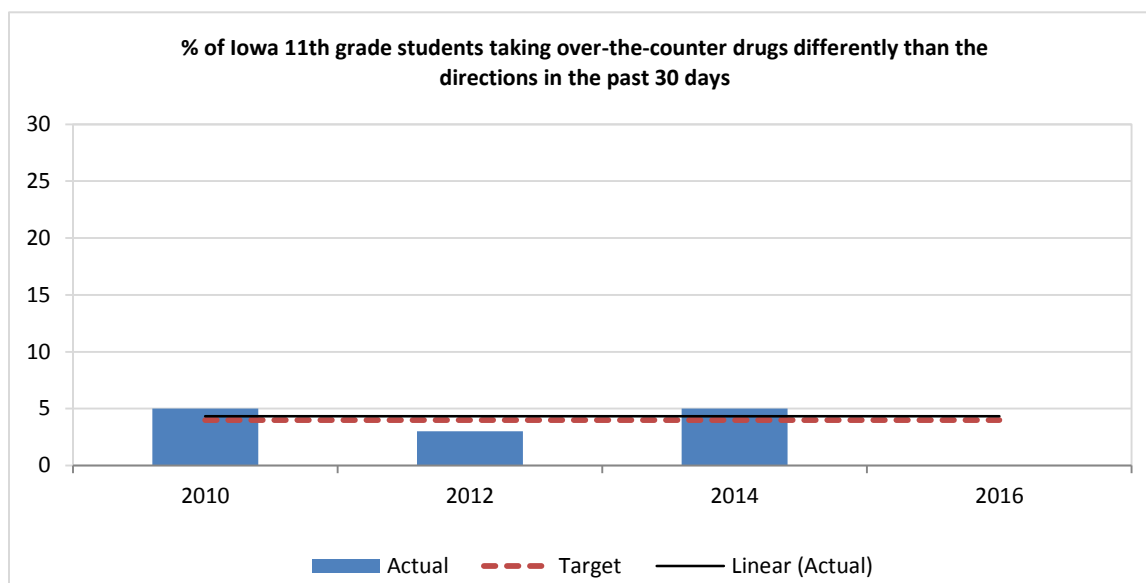

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#) (2015 data not yet published)



**3-3 A reduction in over-the-counter drug abuse among 11th grade students.**Target: 4% 

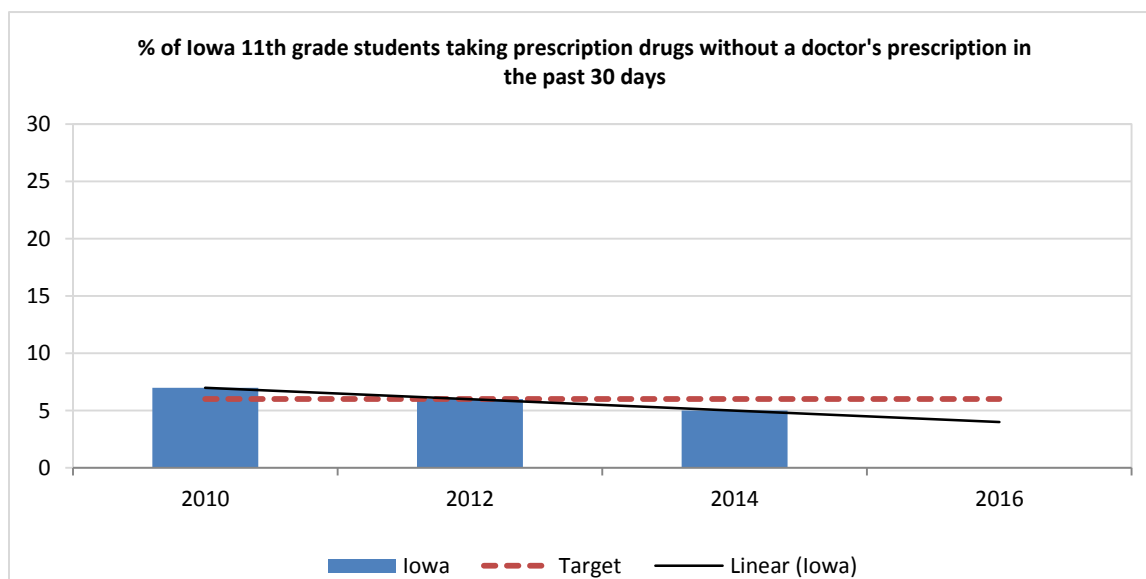
Baseline: 5% (2010).

Most Recent Data: 5% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 101.**3-4 A reduction in prescription drug abuse among 11<sup>th</sup> grade students.**Target: 6%. 

Baseline: 7% (2010).

Most Recent Data: 5% (2014).

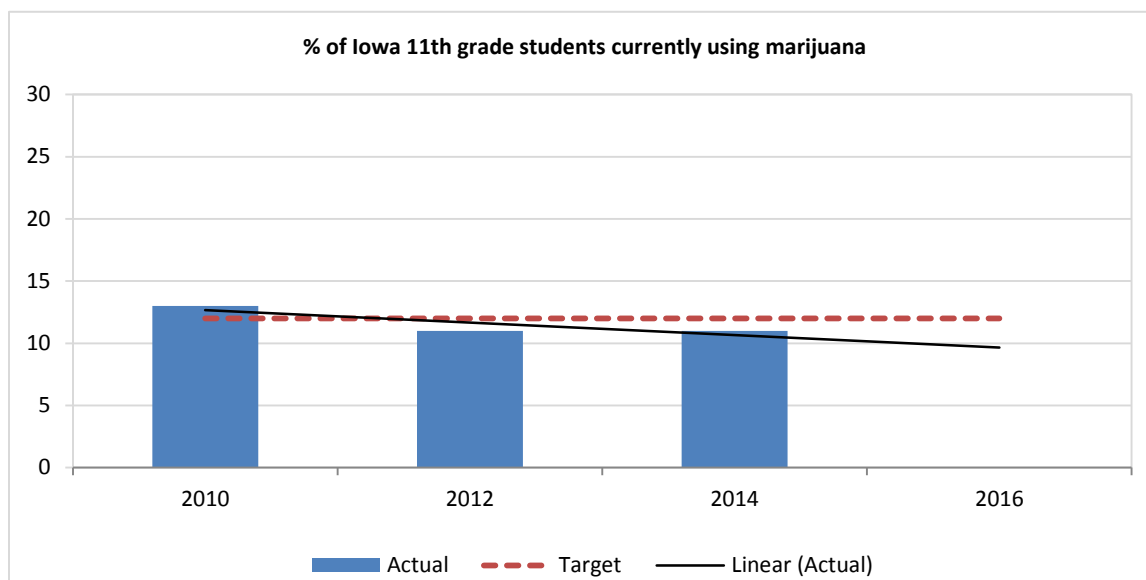
Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 101.

**3-5 A reduction in current marijuana use among 11th grade students.**

Target: 12%. ✓

Baseline: 13% (2010).

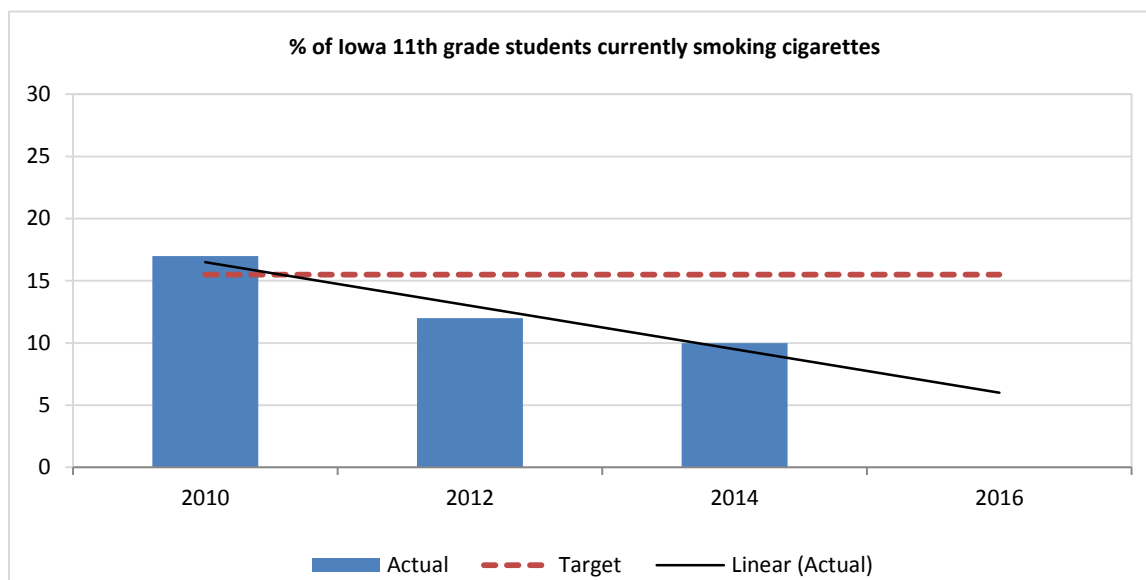
Most Recent Data: 11% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 101.**3-6 A reduction in current cigarette smoking among 11th grade students.**

Target: 15.5%. ✓

Baseline: 17% (2010).

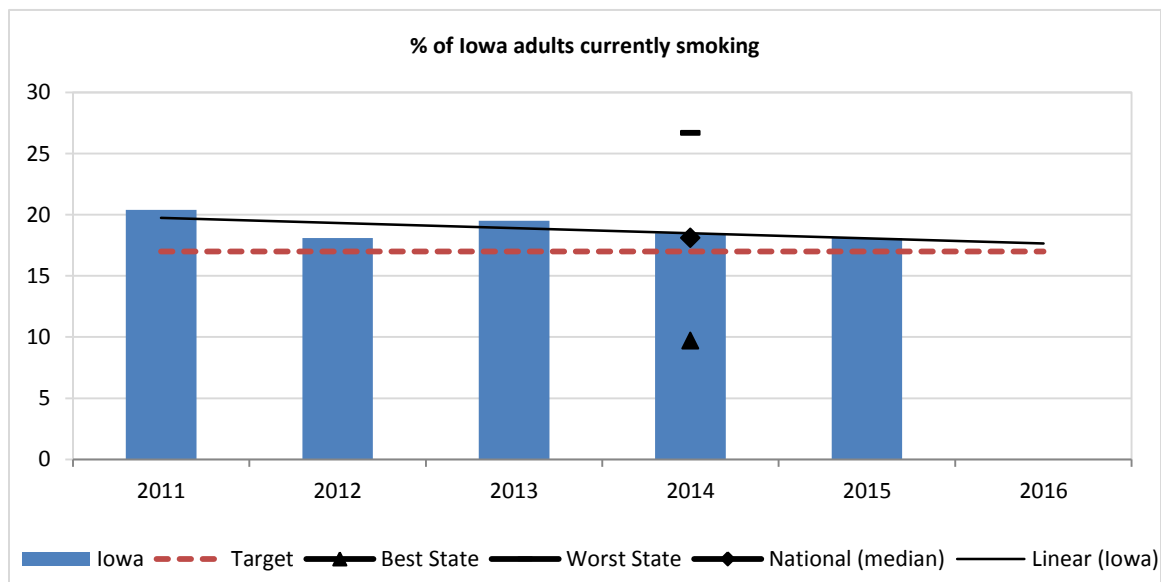
Most Recent Data: 10% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 100.

**3-7 A reduction in current smoking among adults.**Target: 17%. +

Baseline: 20% (2011).

Most Recent Data: 18% (2015).

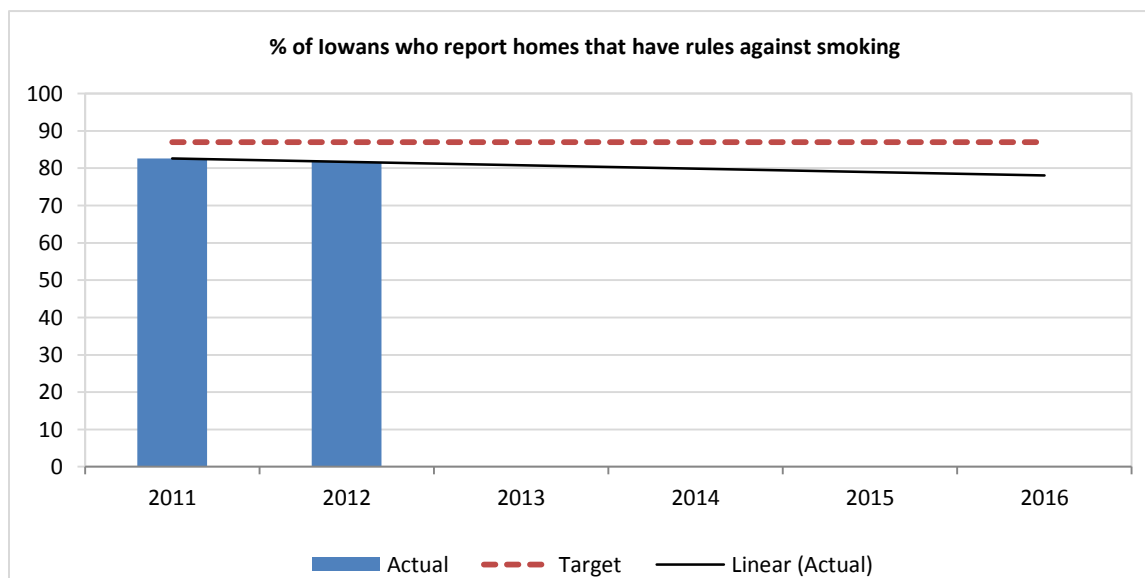
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)  
(2015 data not yet published)**3-8 An increase in the proportion of homes that have rules against smoking.**Target: 87%. ■

Baseline: 83% (2011).

Most Recent Data: 82% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 40.

This question is no longer part of the survey.





## Chronic Disease

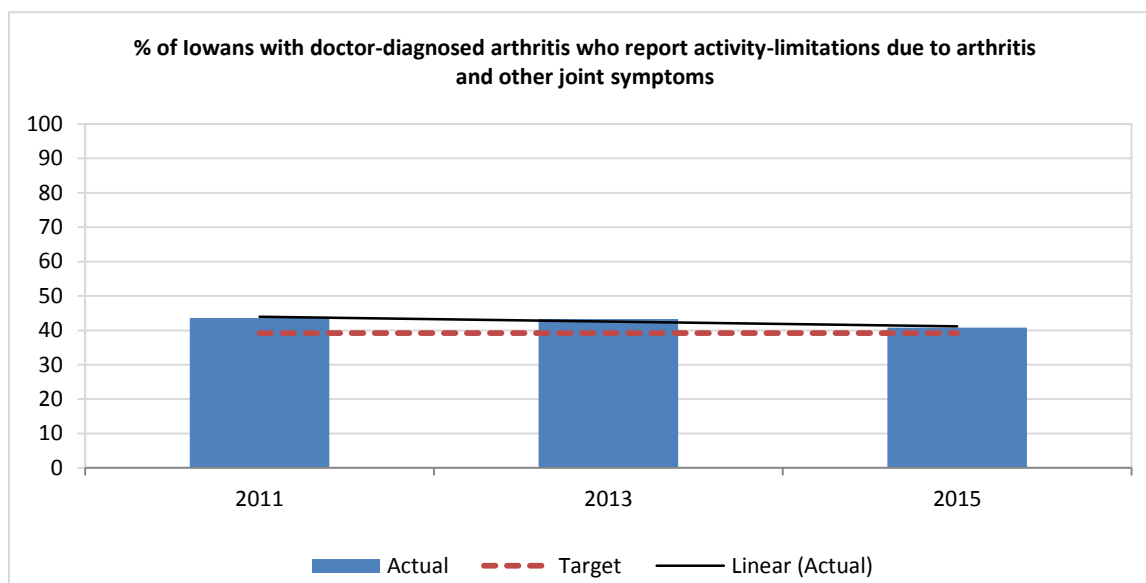
### 4-1 A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.

Target: 39%. +

Baseline: 44% (2011).

Most Recent Data: 41% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)  
(2015 data not yet published)



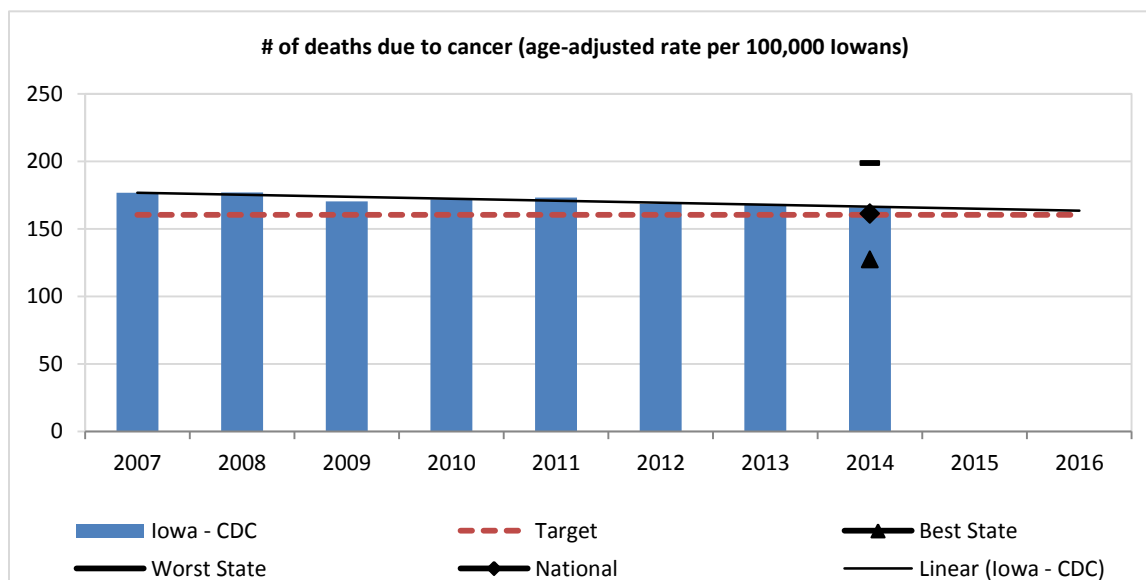
### 4-2 A decrease in the age-adjusted rate of all cancer deaths.

Target: 160.4/100,000 (2017). +

Baseline: 177/100,000 (2007).

Most Recent Data: 166/100,000 (2014).

Data Source: [CDC Wonder, Compressed Mortality file.](#)

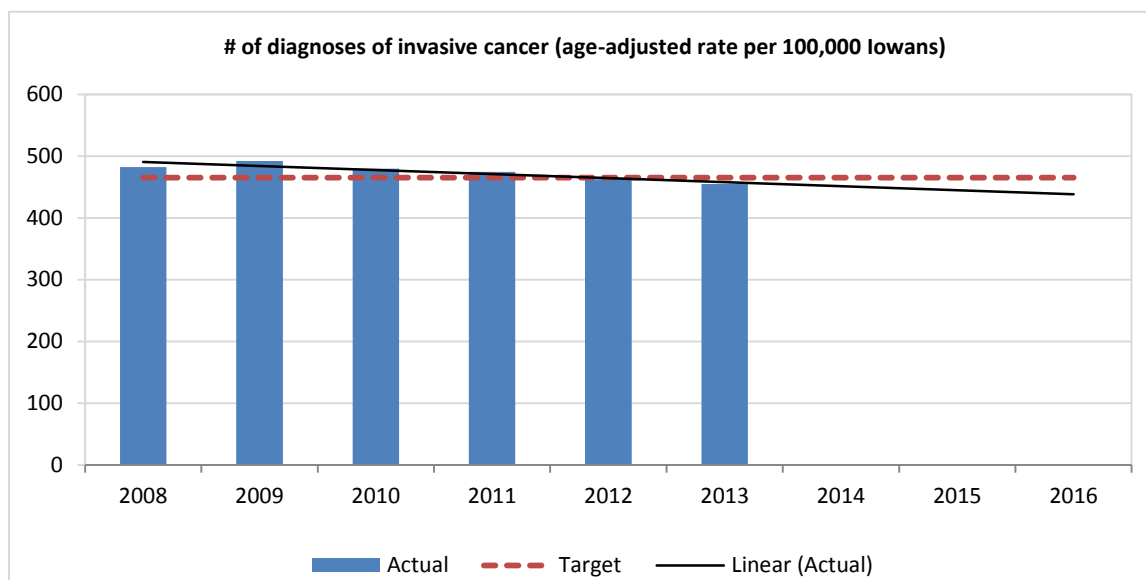


**4-3 A decrease in the age-adjusted incidence of all cancers.**

Target: 465.6/100,000. ✓

Baseline: 489/100,000 (2007).

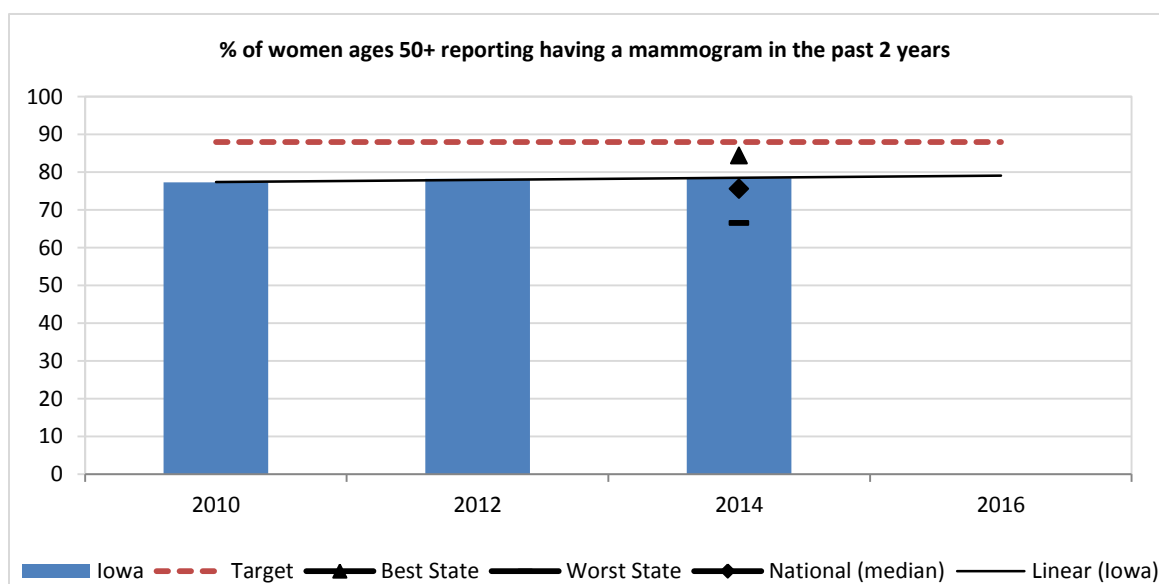
Most Recent Data: 455/100,000 (2013).

Data Source: [Iowa Cancer Registry, Invasive Cancer Incidence Rates](#).**4-4 An increase in cancer screenings for breast, colorectal, and cervical cancer in the following populations:****Women aged 50 and older having a mammogram in the past two years.**

Target: 88%.

Baseline: 77.3% (2010).

Most Recent Data: 78% (2014).

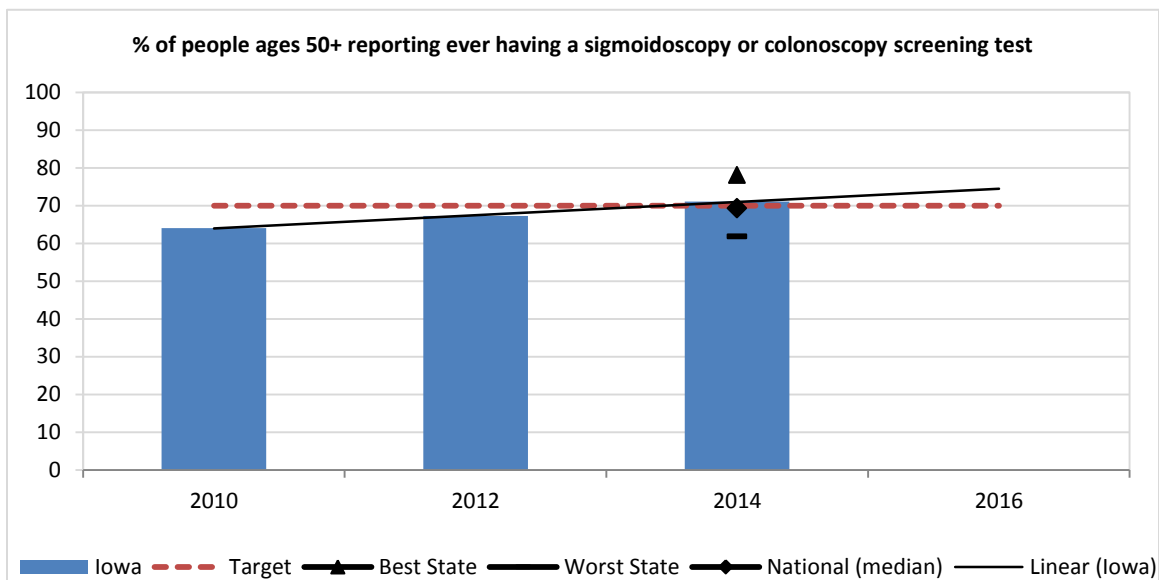
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 51.

**Colorectal cancer screenings for men and women aged 50 and older.**

Target: 70%. ✓

Baseline: 64.1% (2010).

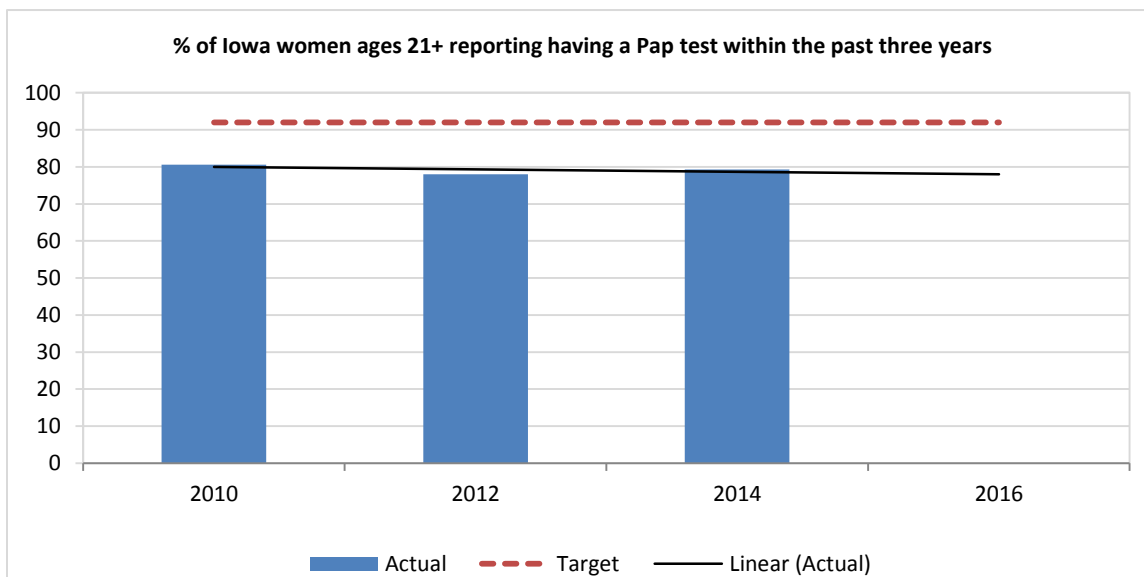
Most Recent Data: 71% (2014).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 55.**Women aged 21 and older having a Pap test within the past three years.**

Target: 92%. ■

Baseline: 81% (2010).

Most Recent Data: 79% (2014).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 52.

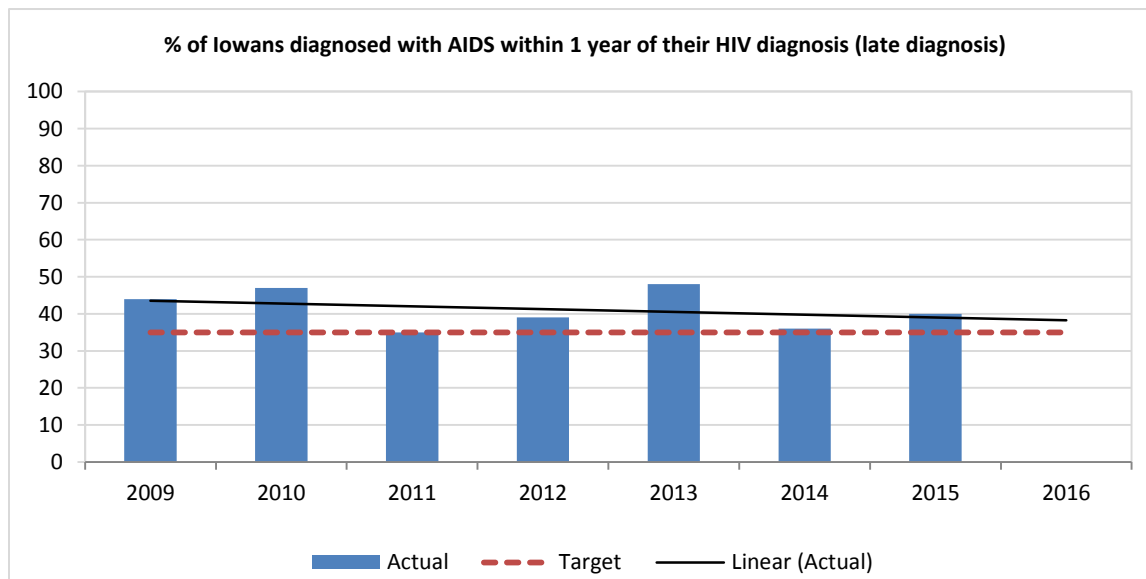
#### 4-5 A decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis.

Target: 35%. +

Baseline: 44% (2009).

Most Recent Data: 40% (2015 estimate).

Data Source: Iowa Department of Public Health, [Bureau of HIV, STD, and Hepatitis](#) (2015 not yet published).



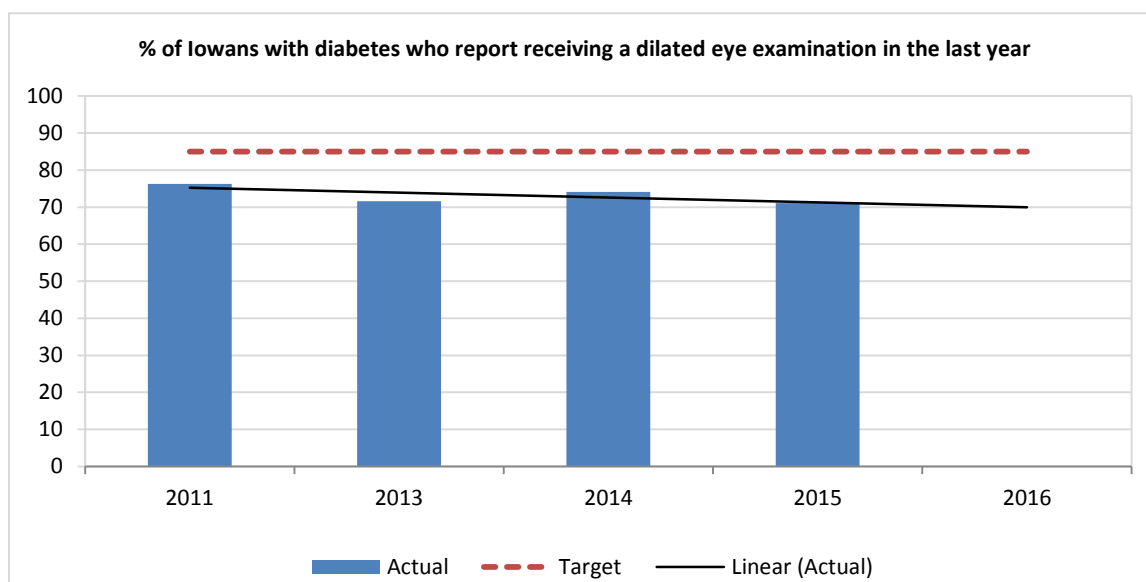
#### 4-6 An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.

Target: 85%. ↓

Baseline: 77%

Most recent data: 71% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#) (2015 data not yet published)



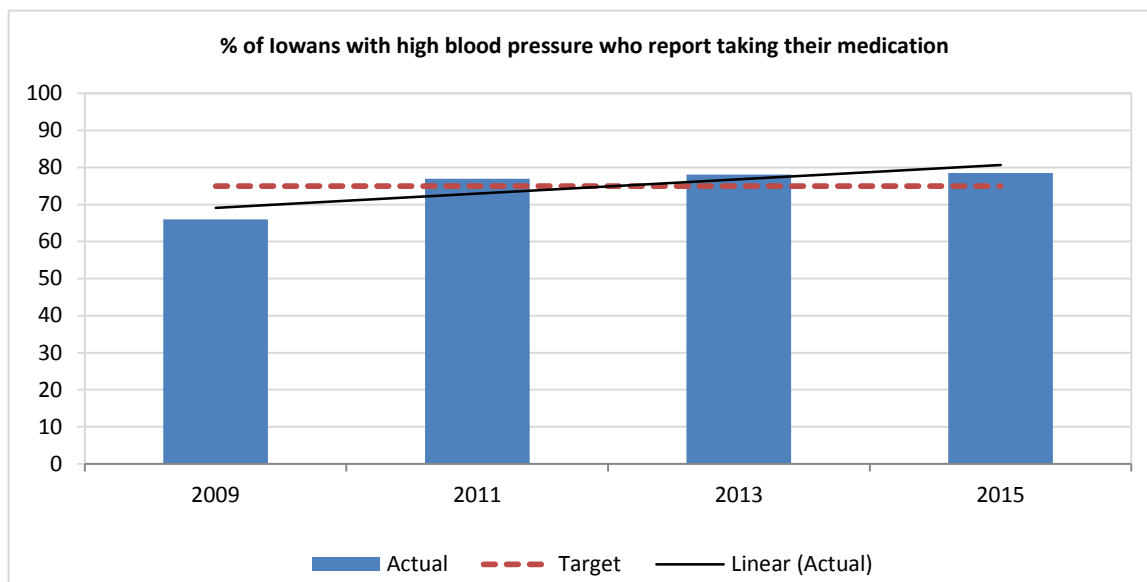
#### 4-7 An increase in the proportion of persons with high blood pressure who are taking their medication.

Target: 75%. ✓

Baseline: 66% (2009).

Most Recent Data: 79% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)  
(2015 data not yet published)



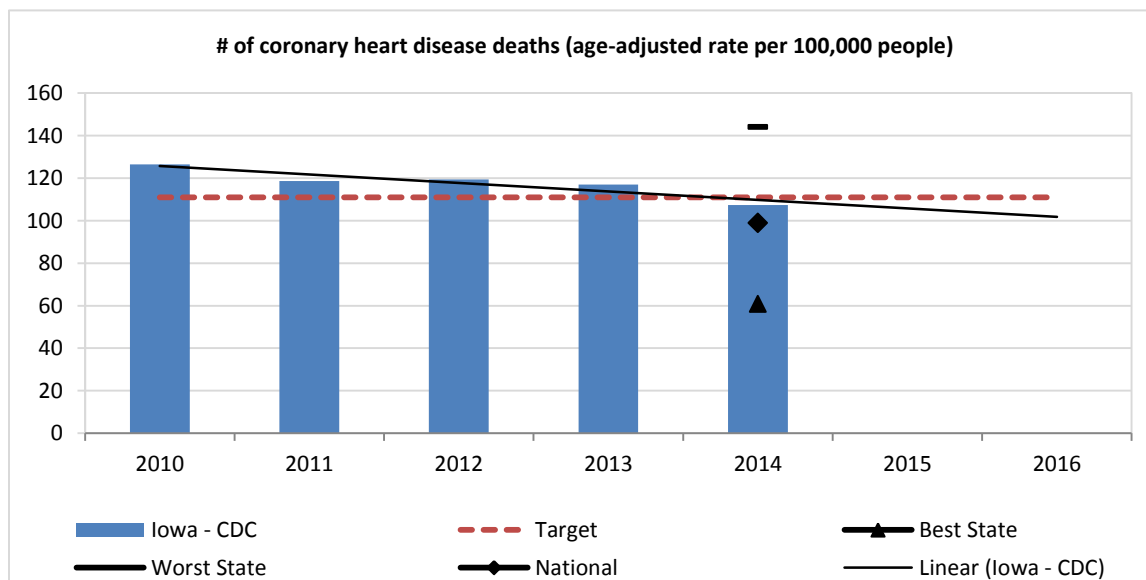
#### 4-8 A decrease in coronary heart disease deaths.

Target: 111/100,000 (age-adjusted rate). ✓

Baseline: 126/100,000 (2010 age-adjusted rate).

Most Recent Data: 106/100,000 (2014).

Data Source: [CDC Wonder, Compressed Mortality file](#), ICD-10 codes I20-I25.



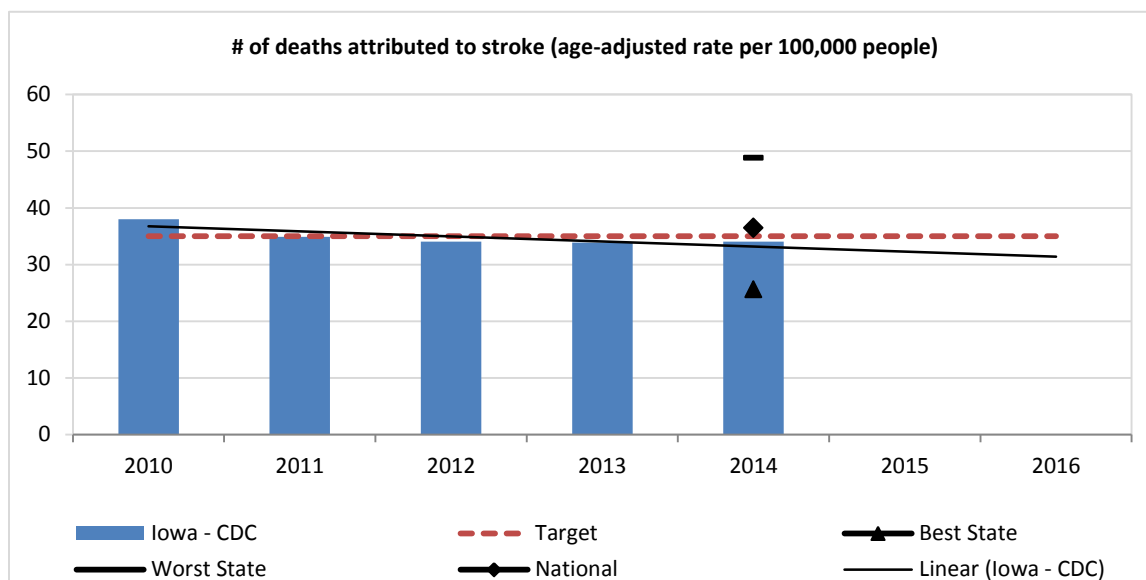
**4-9 A decrease in deaths attributed to stroke.**

Target: 35/100,000 population (age-adjusted rate). ✓

Baseline: 38/100,000 population (2010 age-adjusted rate).

Most Recent Data: 33/100,000 population (2014 age-adjusted rate).

Data Source: [CDC Wonder, Compressed Mortality file](#), ICD-10 codes I60-I69.

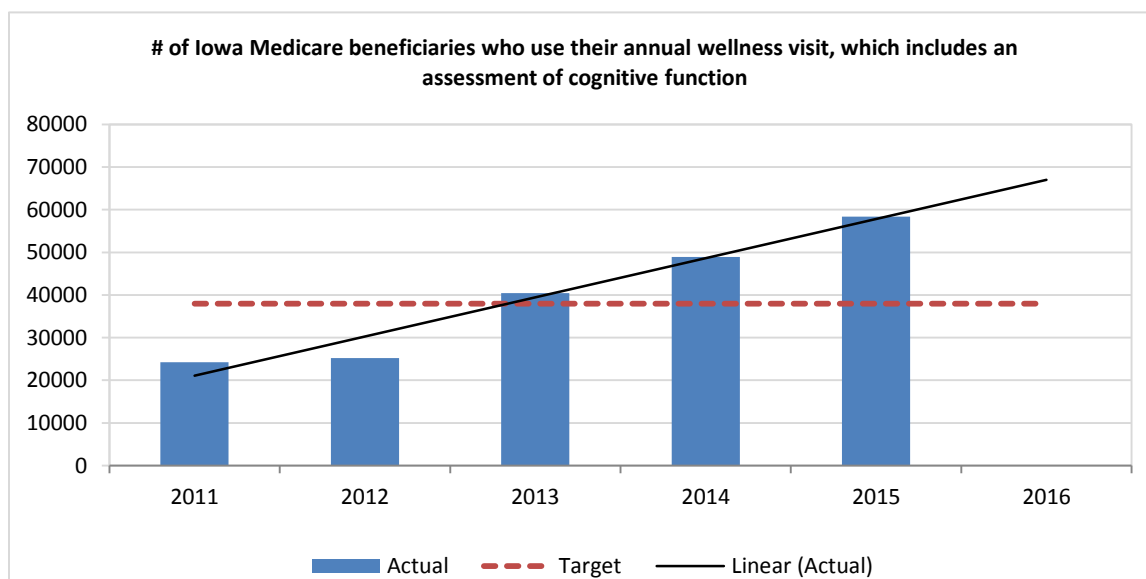
**4-10 An increase in the number of Medicare beneficiaries who use their annual wellness visit, which includes an assessment of cognitive function.**

Target: 37,950. ✓

Baseline: 24,272 (2011).

Most Recent Data: 58,392 (2015).

Data Source: U.S. Centers for Medicare and Medicaid Services. [Beneficiaries Utilizing Free Preventive Services by State, 2015](#).

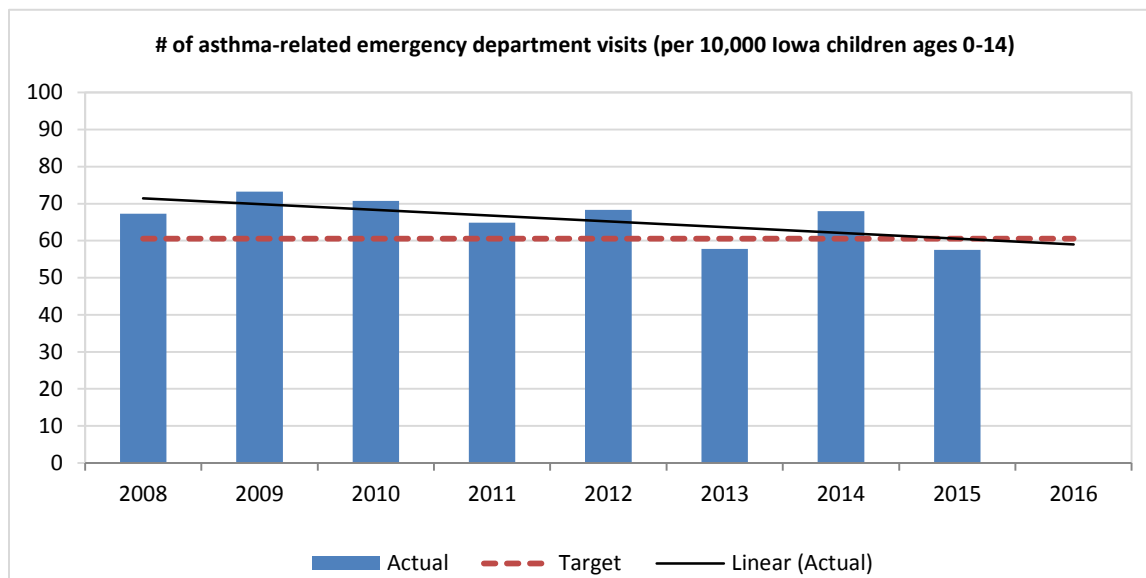


**4-11 A reduction in the rate of emergency department visits for children with asthma, ages 0 to 14.**

Target: 60.6/10,000. ✓

Baseline: 67.3/10,000 (2008).

Most Recent Data: 57.5/10,000 (2015).

Data Source: Iowa Department of Public Health, [Public Health Tracking Portal](#).**Environmental Health****5-1 An increase in the number of lives saved from fires by smoke detectors.**

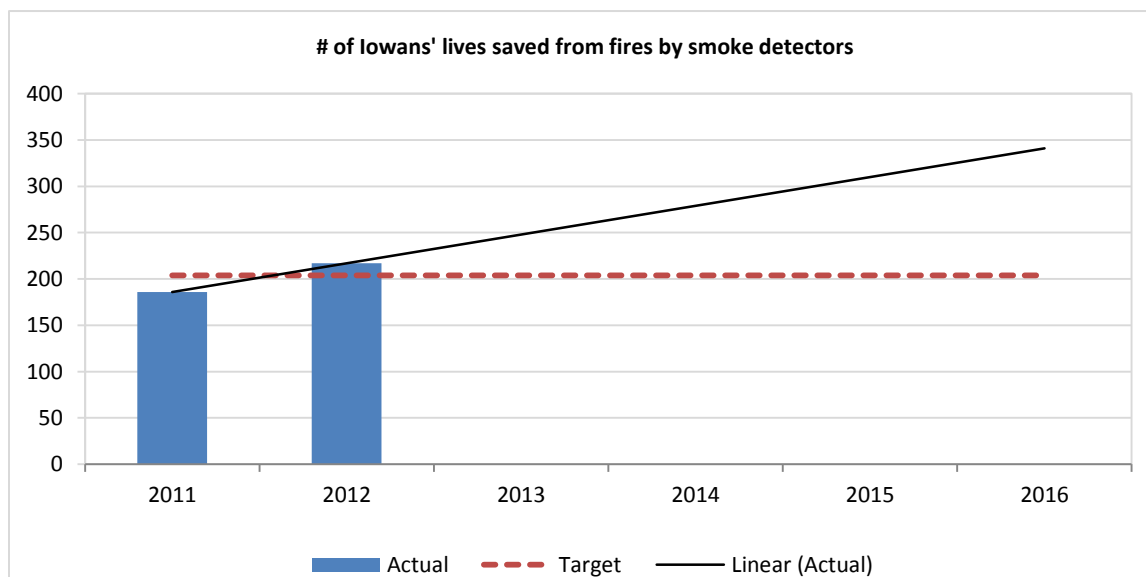
Target: 204 Lives Saved. ✓

Revised Baseline: 186 Lives Saved (2011).

Most Recent Data: 217 Lives Saved (2012).

Data Source: [Reports to the State Fire Marshal](#)

The Iowa Department of Public Safety is no longer collecting this data.



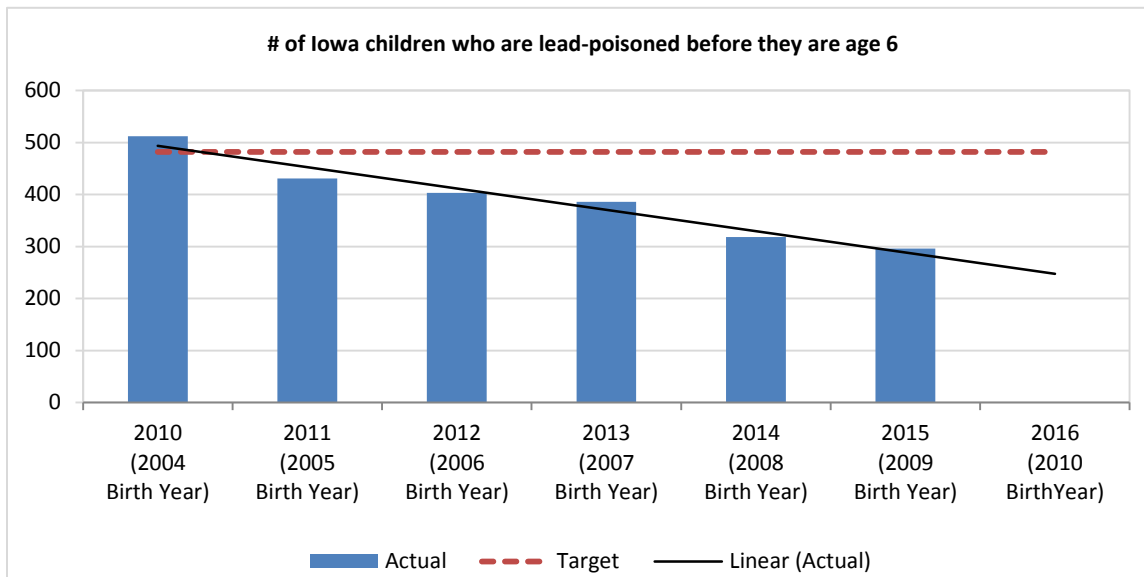
## 5-2 A decrease in the number of children who have had at least one confirmed elevated blood-lead test before age 6.

Revised Target: 461. ✓

Revised Baseline: 512 (2004 Birth Cohort).

Most Recent Data: 296 (2009 Birth Cohort).

Data Source: Iowa Department of Public Health, [Public Health Tracking Portal](#).



## 5-3 An increase in the number of private drinking water wells tested for arsenic.

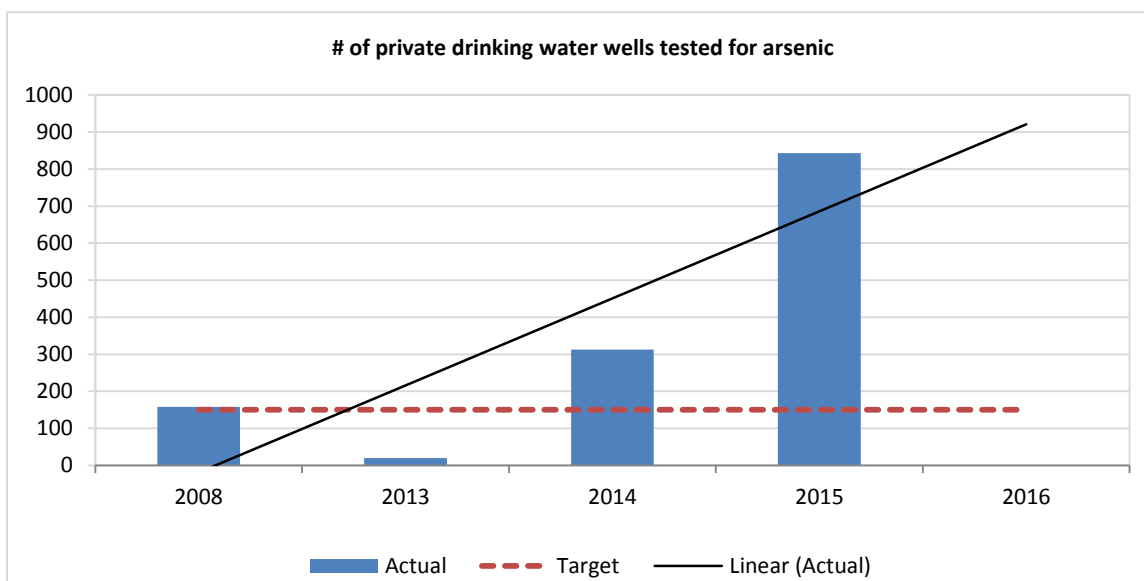
Target: 150 wells tested per year. ✓

Baseline: 473 wells tested from 2006 to 2008 (average 158 per year).

Most recent data: 843 (2015).

Baseline Data Source: [Arsenic in Iowa's Water Sources: Surveillance, Research, Education, and Policy](#).

Recent Data Source: Iowa Department of Natural Resources, Private Well Tracking System database; and Iowa Department of Public Health, [Public Health Tracking Portal](#).





## Healthy Living

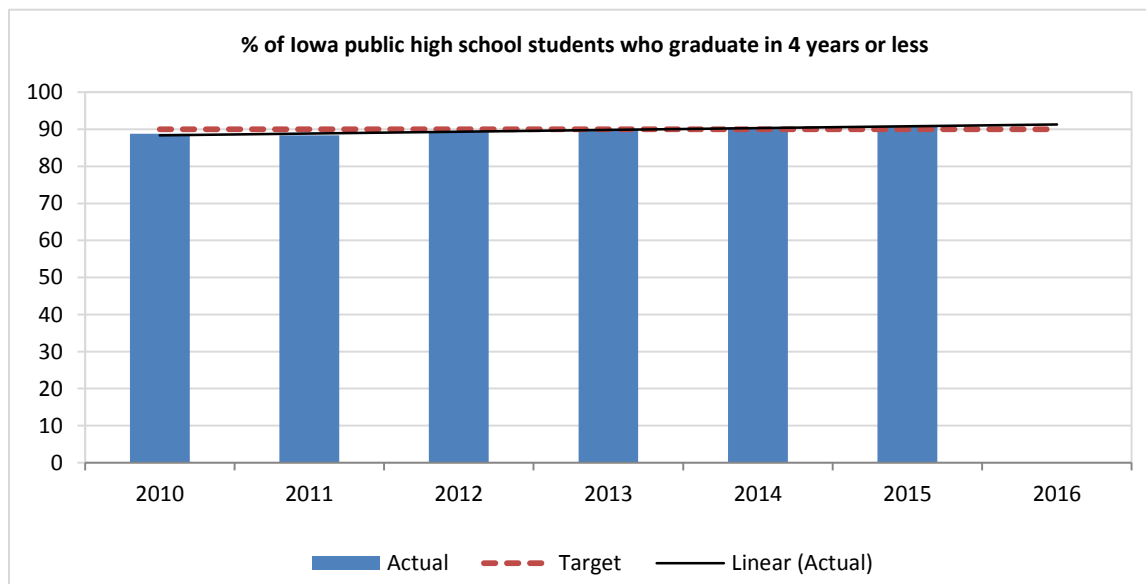
### 6-1 An increase in the proportion of public high school students who graduate in 4 years or less.

Target: 90%. ✓

Baseline: 89% (2010).

Most Recent Data: 91% (2015).

Data Source: [Iowa Department of Education, Student Performance Reports, Cohort Graduation Rates, 4 Year Graduation Data by District, by Subgroup.](#)



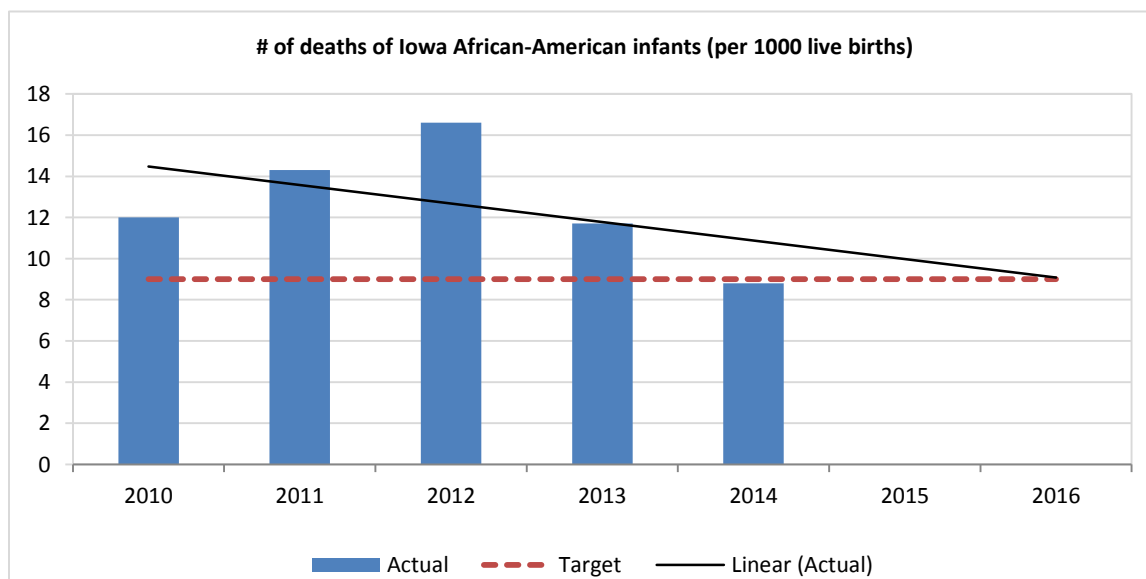
### 6-2 A reduction in the African-American infant mortality rate.

Target: 9 per 1,000 live births. ✓


Baseline: 12 per 1,000 live births (2010).

Most Recent Data: 8.8 per 1,000 live births (2014).

Data Source: [Vital Statistics of Iowa, Table 4B, 2014.](#)



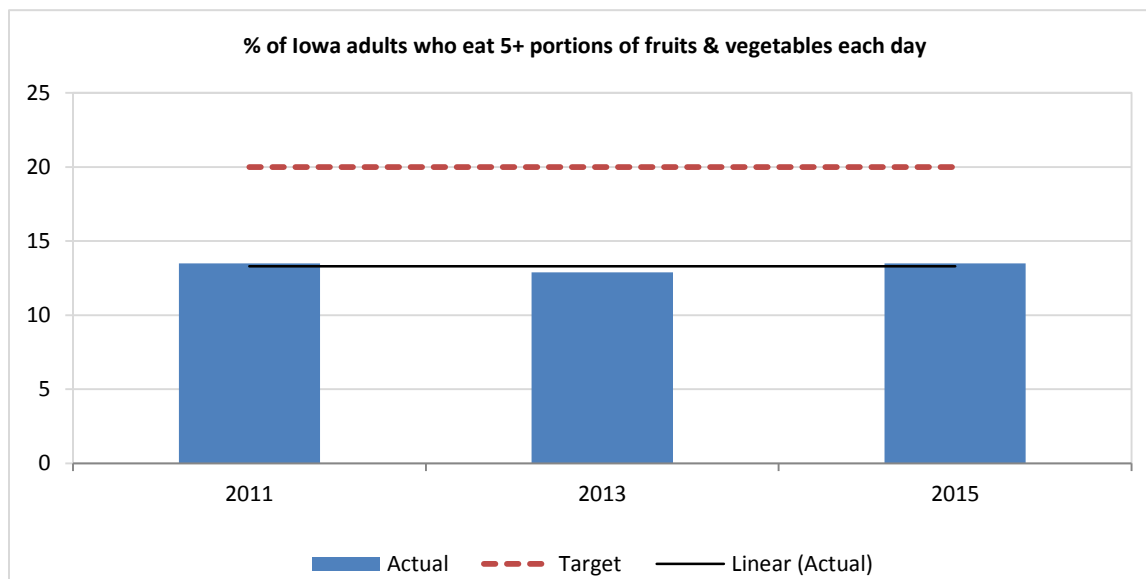
### 6-3 An increase in the percentage of persons who eat 5 or more servings of fruits and vegetables each day.

Target: 20%. 


Baseline: 13.5% (2011).

Most Recent Data: 13.5% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)  
(2015 data not yet published)



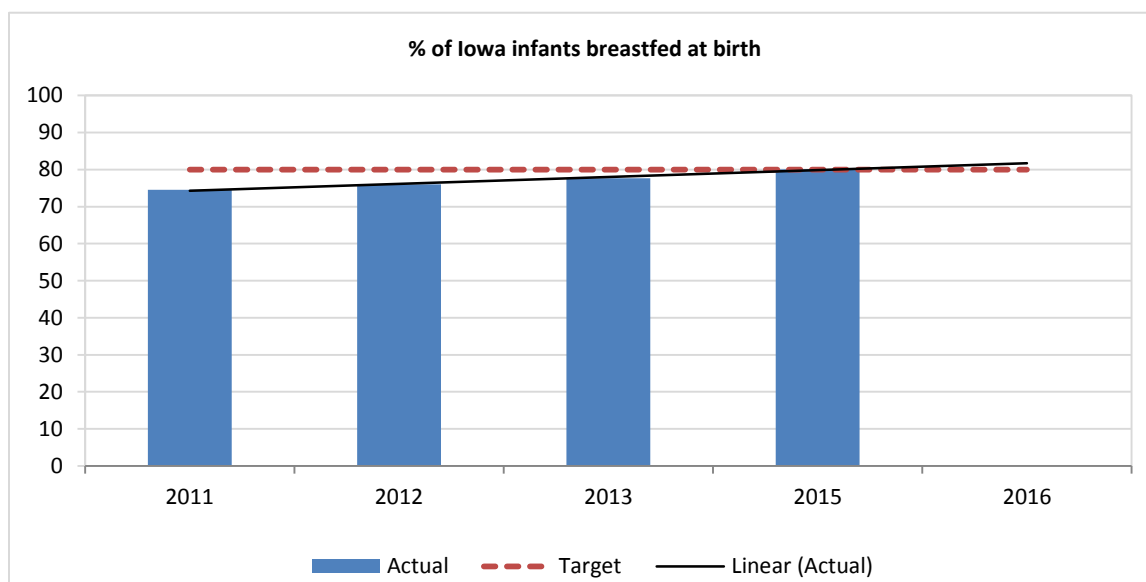
### 6-4 An increase in the proportion of Iowa infants who are breastfed at birth.

Target: 80%. 


Baseline: 74.5% (2011).

Most Recent Data: 80% (2015)

Data Source: Unpublished Iowa Breastfeeding Report prepared by the University of Iowa State Hygienic Laboratory.



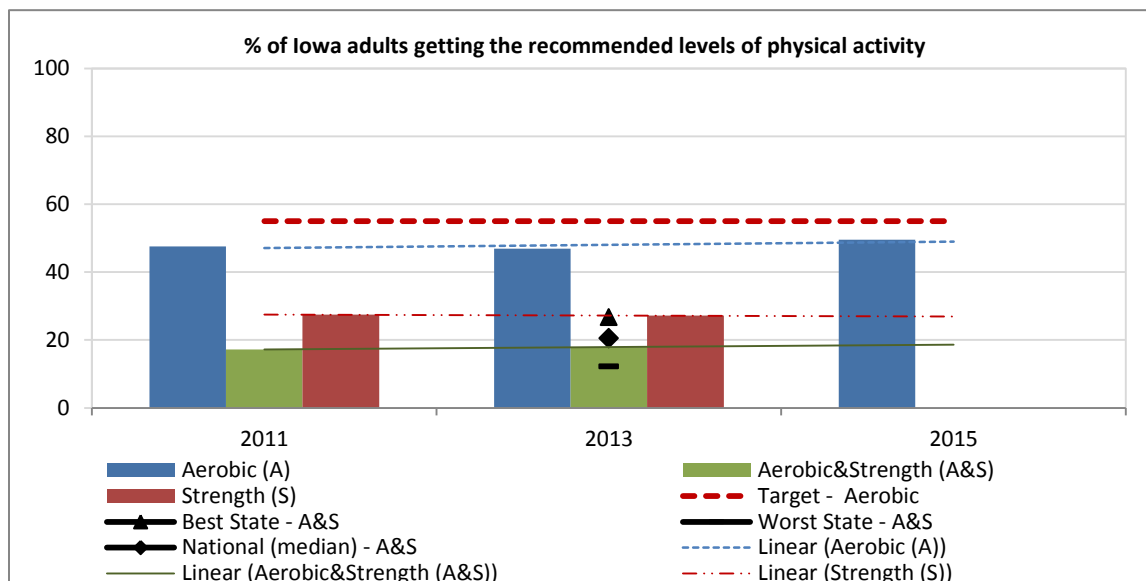
### 6-5 An increase in the proportion of adults who get the recommended level of aerobic physical activity.

Target: 53%. 


Baseline: 48% (2011).

Most Recent Data: 49.5% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)  
(2015 data not yet published)



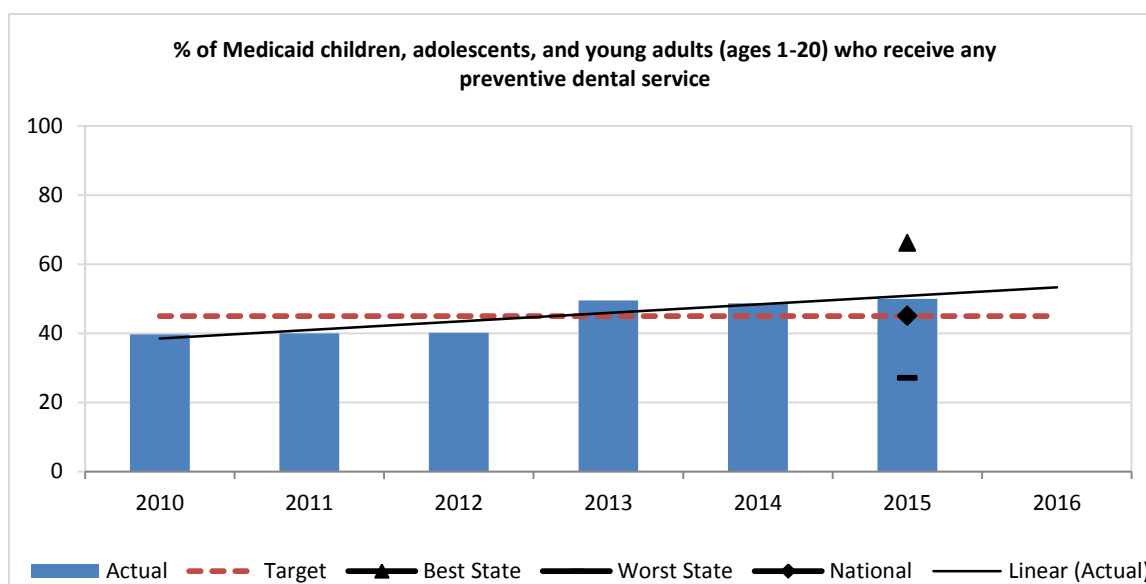
### 6-6 An increase in the proportion of low-income children, adolescents, and young adults aged 1 to 20 on Medicaid who receive any preventive dental service.

Target: 45%. 

Baseline: 40% (2010).

Most Recent Data: 50% (2015)

Data Source: [IDPH Oral Health Center EPSDT Dental Services Reports](#)



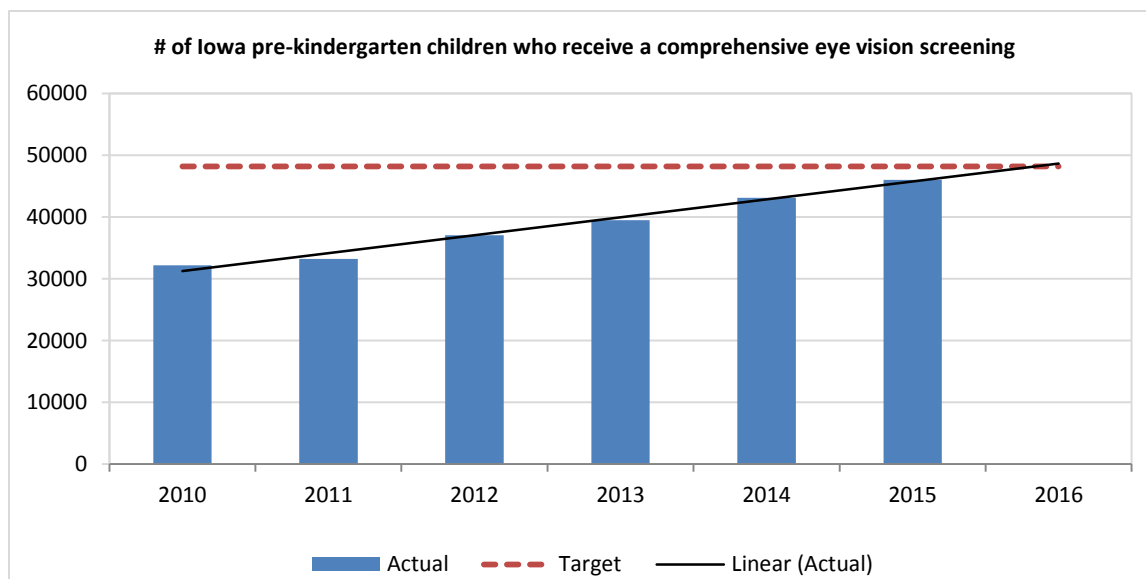
### 6-7 An increase in the number of pre-kindergarten children who receive a comprehensive eye vision screening.

Target: 48,172. +

Baseline: 32,164 (2010).

Most Recent Data: 46,024 (2015).

Data Source: [Iowa KidSight. A Statewide Vision Screening Program for Infants and Children, Iowa Children Screened by Year/Month.](#)



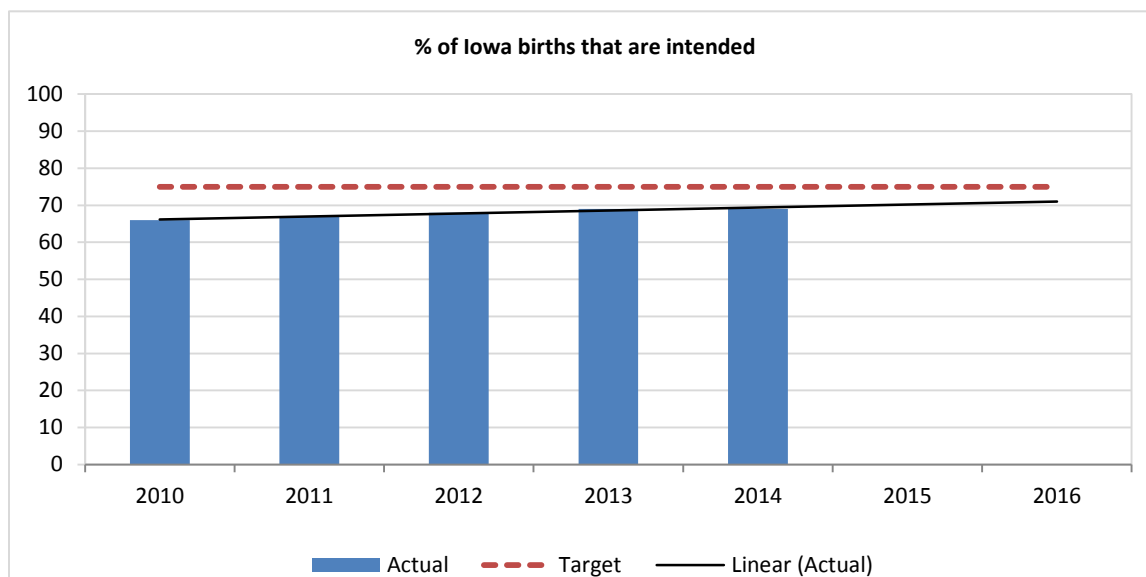
### 6-8 An increase in the proportion of births that are intended.


Target: 75%. ■

Baseline: 66% (2010).

Most Recent Data: 69% (2014).

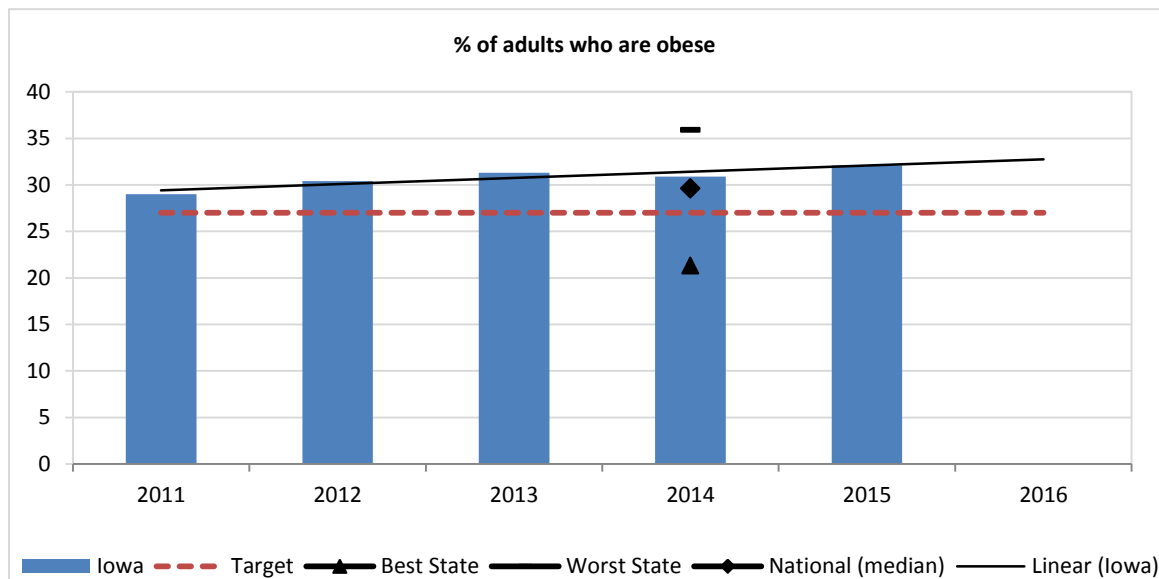

Data Source: [Iowa's Barriers to Prenatal Care Project](#), p. 8



**6-9 A reduction in the proportion of adults who are obese.**Target: 27%. 

Baseline: 29% (2011).

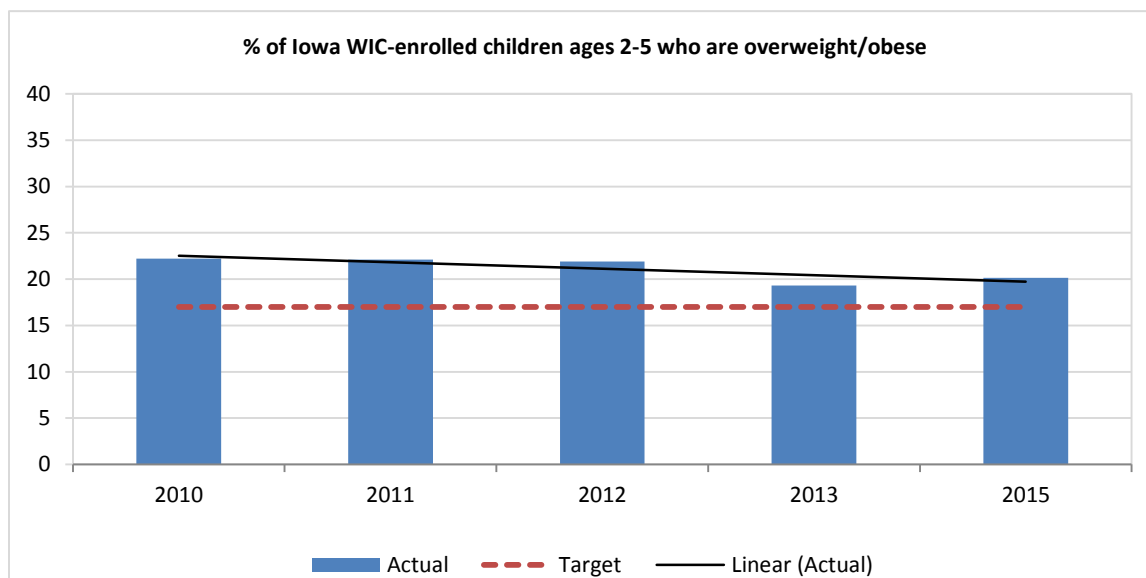
Most Recent Data: 32% (2015).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#)  
(2015 data not yet published)**6-10 Reduce overweight/obesity in children ages 2 to 5 who are enrolled in the WIC program.**Target: 17%. 

Baseline: 22.2% (2010).

Most Recent Data: 20% (2014).

Data Source: Iowa Department of Public Health, IWIN, and Iowa WIC Data System (unpublished analysis).



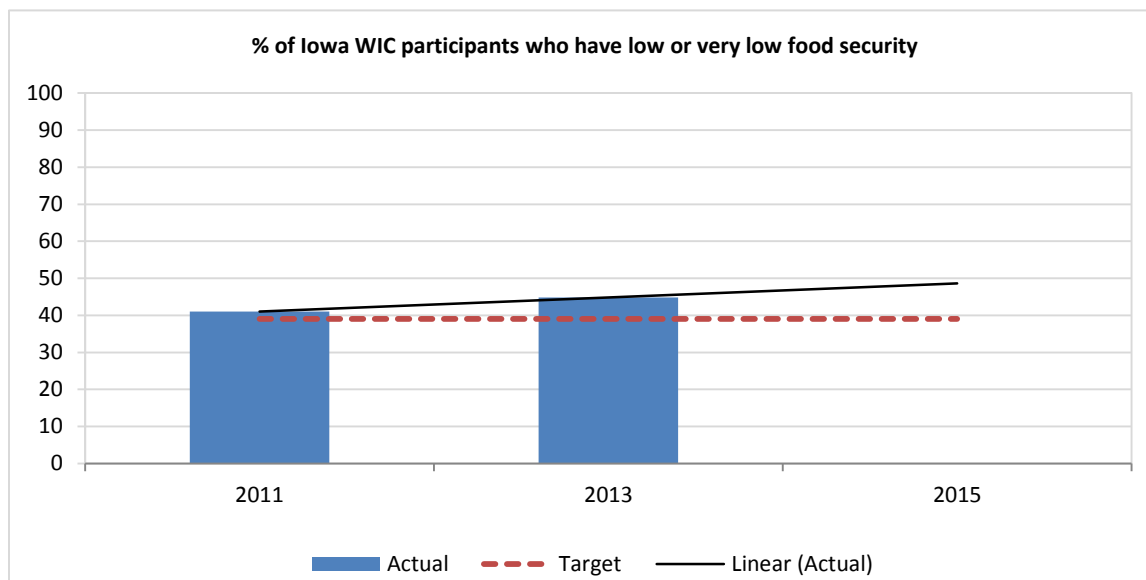
### 6-11 A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.<sup>5</sup>

Target: 39%. ↓

Baseline: 41% (2011).

Most Recent Data: 45% (2013)

Data Source: Unpublished report, Extent of Food Insecurity among Iowa WIC Participants 2013, p.23.



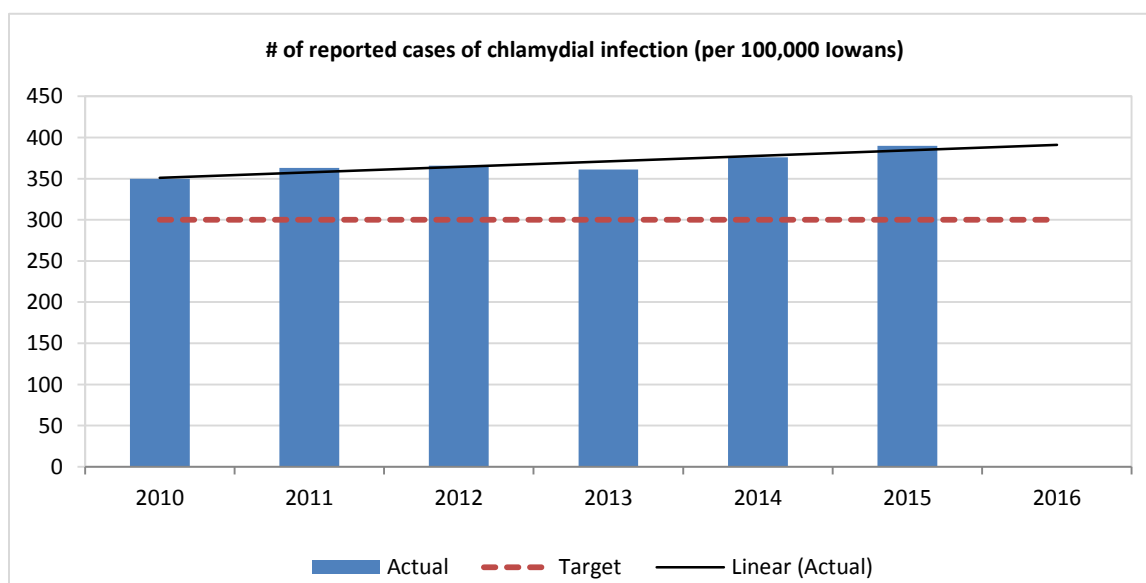
### 6-12 A reduction in the rate of reported cases of chlamydial infection.

Target: 300 cases/100,000 population. ↓

Baseline: 350 cases/100,000 population (2010).

Most Recent Data: 390/100,000 population (2015).

Data Source: [Iowa Disease Surveillance Data for Chlamydia, Gonorrhea, and Syphilis, 2015](#), p. 1.



<sup>5</sup> Food security is defined as access by all people at all times to enough food for an active, healthy life. Low food security means that individuals may go hungry. Very low food security means that hunger is an even greater problem.

## Injury and Violence

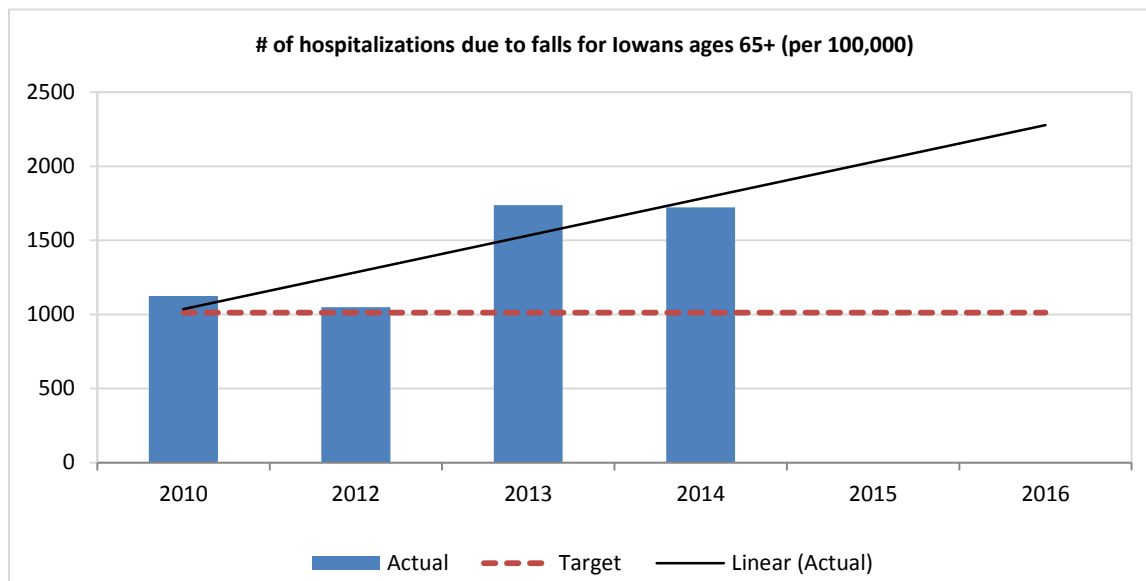
### 7-1 A decrease in the hospitalization rate related to falls for those who are ages 65 and over.

Target: 1,013/100,000 population. ↓

Baseline: 1,125/100,000 population (Average annual rate, 2006-2010).

Most Recent Data: 1,724 /100,000 population (Average annual rate 2010-2014).

Data Source: Unpublished report, *Falls in Iowa by County*, Table 2.



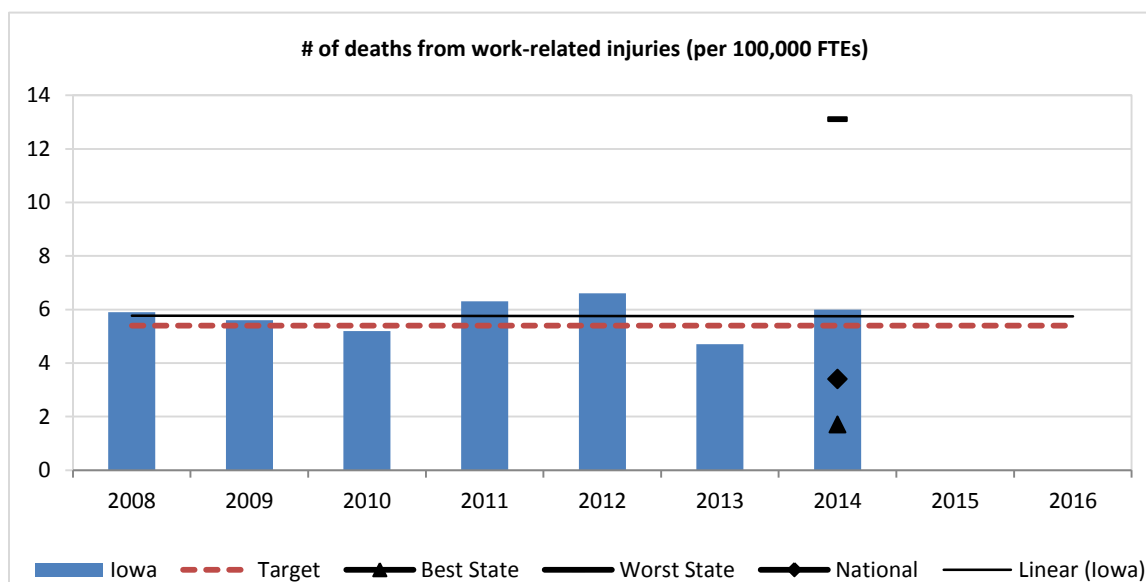
### 7-2 A reduction in deaths from work-related injuries.


Target: 5.4/100,000 FTE workers. ■

Baseline: 6.0/100,000 FTE workers (Annual Crude Fatality Rate, 2008).

Most Recent Data: 6.0/100,000 FTE workers (2014).

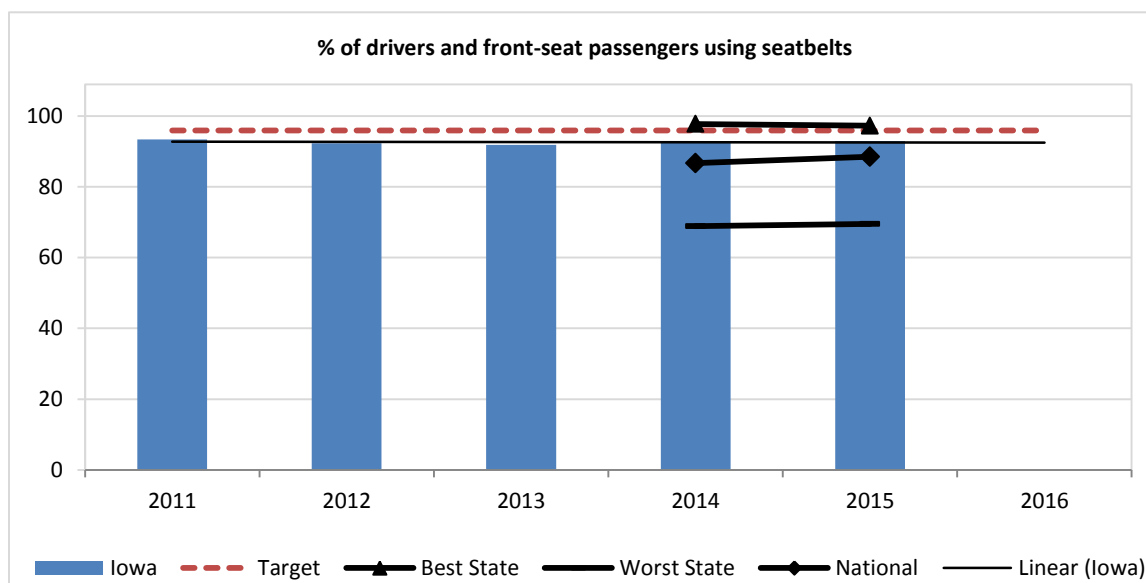

Data Source: [U.S. Department of Labor, Bureau of Labor Statistics, Fatal occupational injuries \(CFOI\) data](#), 2014.



**7-3 An increase in seatbelt use to reduce injuries and deaths from motor vehicle crashes.**Target: 96%. 

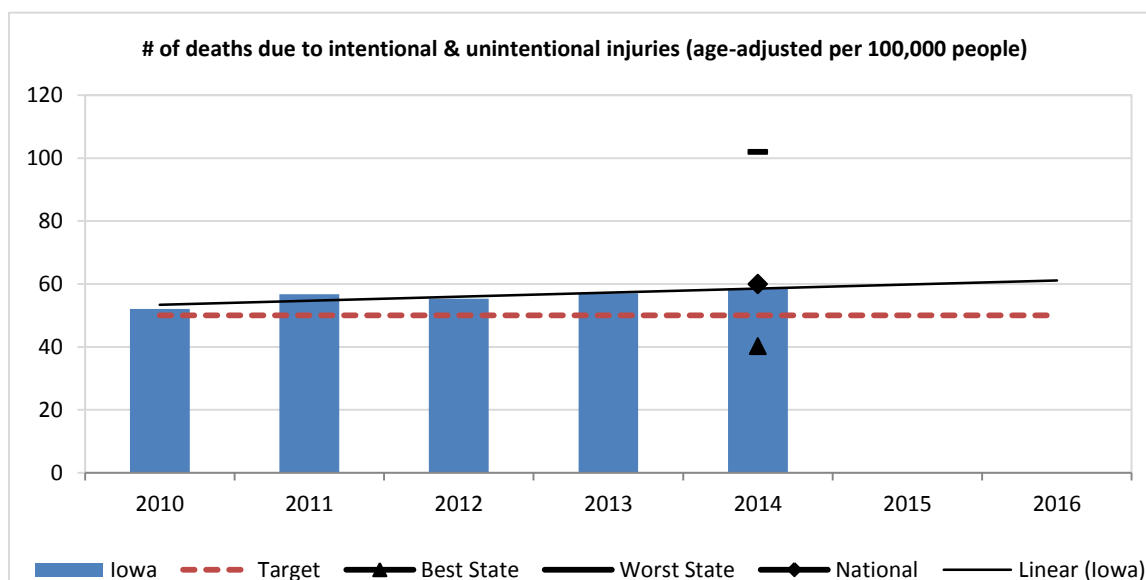
Baseline: 93% (2011).

Most Recent Data: 93% (2015).

Data Source: [Iowa Governor's Traffic Safety Bureau Survey](#), p. 7.**7-4 A 5% reduction in the rate of all intentional and unintentional fatal injuries.**Target: 49.5/100,000 population (age-adjusted rate). 

Baseline: 52/100,000 population (age-adjusted rate, 2010).

Most Recent Data: 58/100,000 population (age-adjusted rate, 2014).

Data Source: [National Center for Injury Prevention and Control, CDC. WISQARS Online Database.](#)



## 7-5 A 5% reduction in the percent of Iowa high school students who report forced sexual experience.

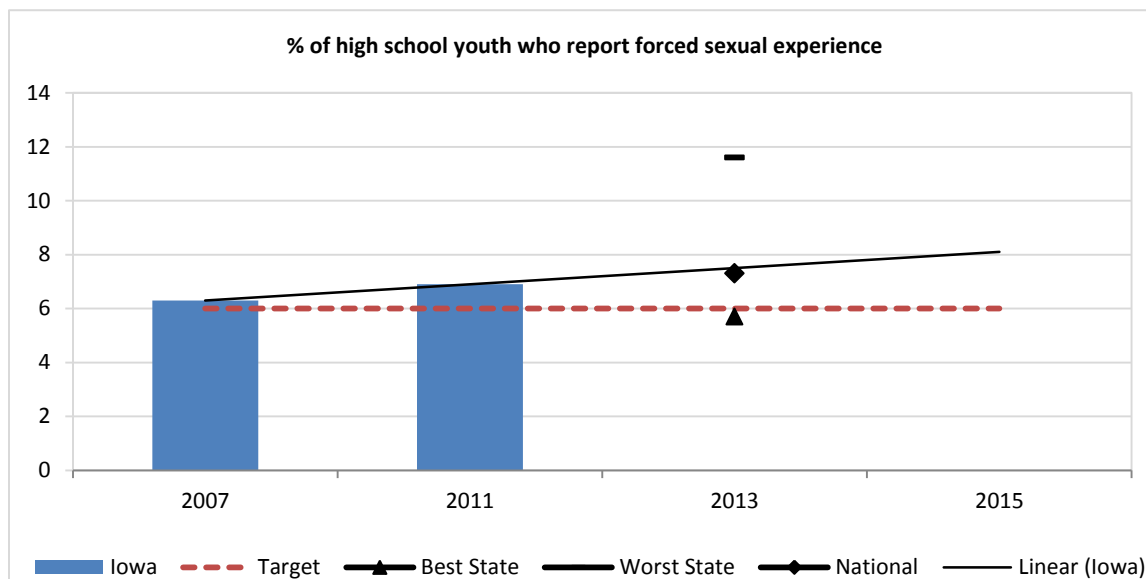
Target: 6%. ↓

Baseline: 6.3% (2007).

Most Recent Data: 6.9% (2011).

Data Source: [CDC Youth Risk Behavior Surveillance System](#).

Data is not available for Iowa for 2013 or 2015.



## Mental Health and Mental Disorders

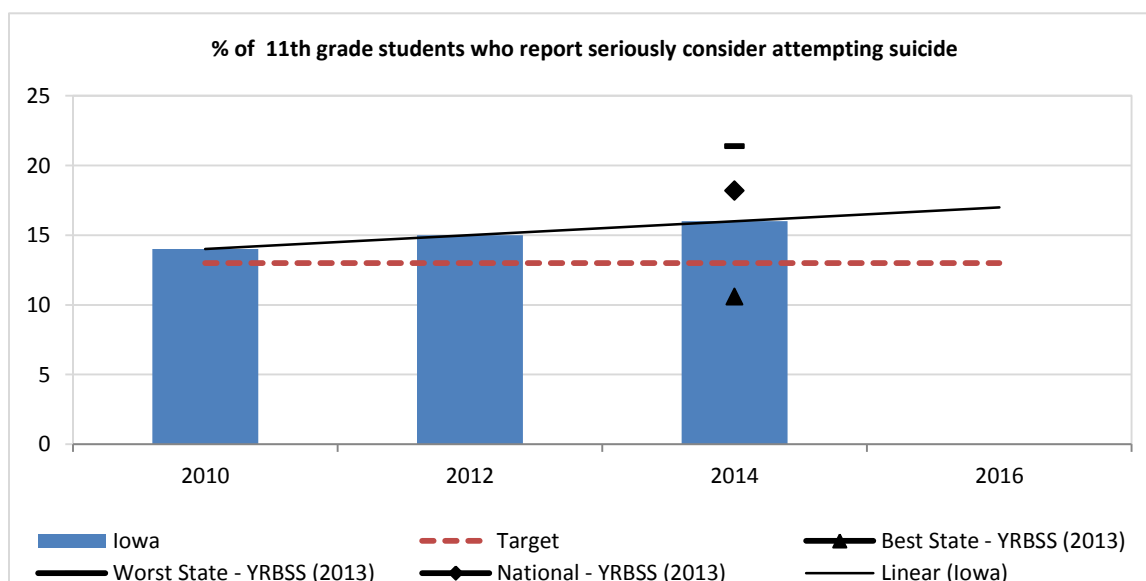
### 8-1 A reduction in the percent of 11th graders who seriously consider attempting suicide.

Target: 13%. ↓

Baseline: 14% (2010).

Most Recent Data: 16% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 39.



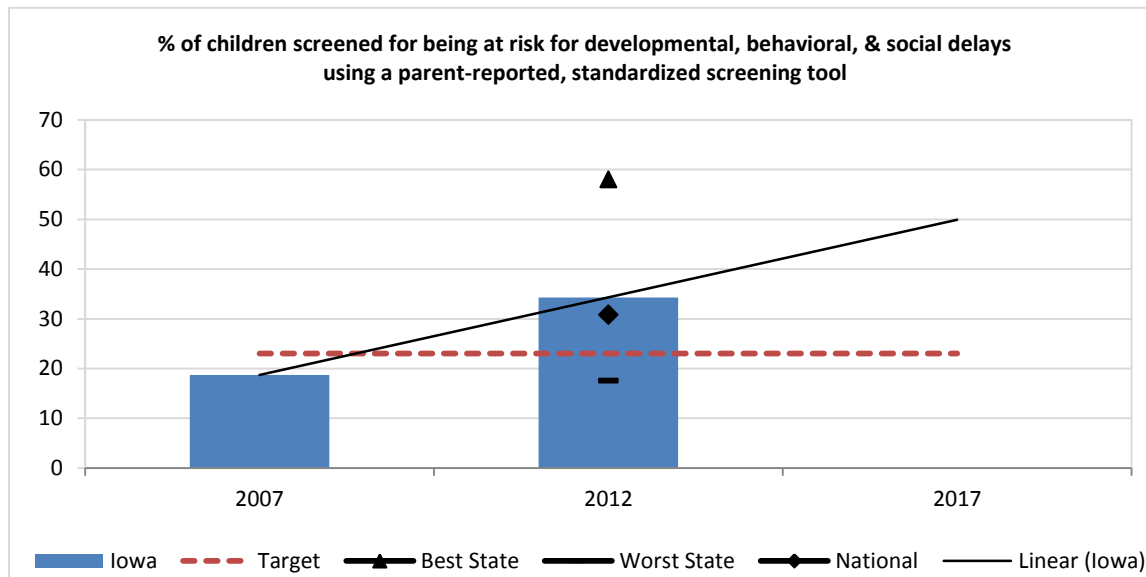
## 8-2 An increase in the proportion of children screened for being at risk for developmental, behavioral, and social delays using a parent-reported, standardized screening tool.

Target: 23%. ✓

Baseline: 19% (2007).

Most Recent Data: 34% (2011-2012).

Data Source: [Indicator 4.16, National Survey on Children's Health.](#)



## Preparedness and Response

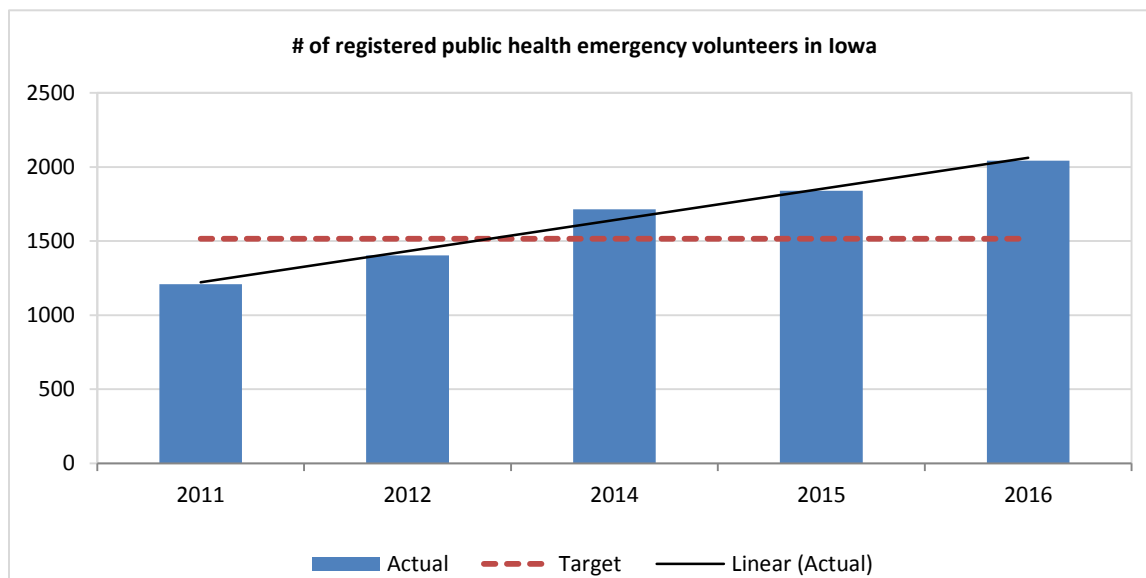
### 9-1 An increase in the number of public health emergency volunteers.

Target: 1,515 volunteers. ✓

Baseline: 1,210 volunteers (2011).

Most Recent Data: 2,043 volunteers (2016).

Data Source: [Iowa Statewide Emergency Registry of Volunteers.](#)



**9-2 At least one general shelter that is fully accessible to persons with disabilities in 25 counties.**

Target: 25 counties. ✓

Baseline: 0 (2011).

Most Recent Data: 58 (2015).

Data Source: Iowa Department of Public Health Disability and Health Program Assessment Data (unpublished).

